January 18, 2019

CONFIDENTIAL

Women of Hope International
187 Stateline Rd, E. Suite 17
Southaven, MS 38671

Dear :

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Brower Hebert
Filing Instructions

Women of Hope International

Exempt Organization Tax Return

Taxable Year Ended June 30, 2018

Date Due: May 15, 2019

Remittance: None is required. Your Form 990 for the tax year ended 6/30/18 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Brower Hebert
5865 Ridgeway Center Pkwy Ste 210
Memphis, TN 38120-4013

Important: Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office. If previously signed and returned no further action is required.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.
Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning 7/01/2017 and ending 6/30/2018

Department of the Treasury
Internal Revenue Service

DAA

Employer identification number

Women of Hope International 27-0571060

Name of exempt organization

Kim Kargbo President & CEO

Name and title of officer

For Paperwork Reduction Act Notice, see back of form.

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 301,899
2a Form 990-EZ check here ▶ □ b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here ▶ □ b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here ▶ □ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here ▶ □ b Balance Due (Form 8868, line 3c) 5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization’s 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization’s electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization’s return to the IRS and to receive from the IRS the acknowledgement of receipt or reason for rejection of the transmission, the reason for any delay in processing the return or refund, and the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization’s federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization’s electronic return and, if applicable, the organization’s consent to electronic funds withdrawal.

Office’s PIN: check one box only

X I authorize Brower Hebert ERO firm name to enter my PIN 71060 as my signature

Enter five numbers, but do not enter all zeros

on the organization’s tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return’s disclosure consent screen.

□ As an officer of the organization, I will enter my PIN as my signature on the organization’s tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return’s disclosure consent screen.

Officer’s signature ▶ 11/13/18

Ronny J. Brower

Part III Certification and Authentication

ERO’s EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

62079280826

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO’s signature ▶ 11/13/18

Ronny J. Brower

EROS’s signature ▶ 11/13/18

Do Not Submit This Form to the IRS Unless Requested To Do So

Form 8879-EO (2017)

For Paperwork Reduction Act Notice, see back of form.
Form 990

Return of Organization Exempt From Income Tax

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

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

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

A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18

B Check if applicable:

☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

Women of Hope International

D Employer identification number

27-0571060

E Telephone number

901-775-9757

F Name and address of principal officer:

Kim Kargbo
5117 Woodlark Ave.
Memphis, TN 38117

G Gross receipts

322,124

H(a) Is this a group return for subordinates

X Yes ☐ No

H(b) Are all subordinates included?

☐ Yes ☐ No

I Tax-exempt status: ☑ 501(c)(3) ☑ 501(c) ( ) ☑ (insert no.) ☑ 4947(a)(1) or ☑ 527

J Website: www.womensofhopeinternational.org

K Form of organization: ☑ Corporation ☑ Trust ☑ Association ☑ Other

L Year of formation: 2009

M State of legal domicile: MS

Part I Summary

1 Briefly describe the organization's mission or most significant activities:

See Schedule O

2 Check this box ☑ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

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)

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

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)

16a Professional fundraising fees (Part IX, column (A), line 11e)

16b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

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

Signature:

Kim Kargbo
President & CEO

Date

Signature of officer

Preparer's signature

Preparer's name

Ronny J. Brower

Preparer's EIN

81-0636801

PTIN

00580826

Telephone number

901-684-7474

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☑ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)
Briefly describe the organization's mission:

See Schedule O

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.

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.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:    ) (Expenses $  258,531 including grants of $  62,257 ) (Revenue $    )
Serving churches and ministries around the world with interactive, practical and ideological training around disability through the provision of Training of Trainer workshops, curricula, and resources. Serving over 800 women with disabilities in Sierra Leone, West Africa with health education, emotional and spiritual support, advocacy and emergency assistance, and economic empowerment, including a Fair Trade Initiative which trains and supports approximately 30 women in producing products to be sold in Sierra Leone and abroad. Providing administrative support, monitoring and evaluation through field visits to Sierra Leone, and maintaining the operation of a cooperative workshop and training center for women and a retreat centre for income generation.

4b (Code:    ) (Expenses $    ) (Revenue $    )

4c (Code:    ) (Expenses $    ) (Revenue $    )

4d Other program services (Describe in Schedule O.)
(Expenses $  2,998 including grants of $    ) (Revenue $    )

4e Total program service expenses $  261,529
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If “Yes,” complete Schedule A</td>
<td>X</td>
</tr>
<tr>
<td>2.</td>
<td>Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?</td>
<td>X</td>
</tr>
<tr>
<td>3.</td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td>4.</td>
<td>Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If “Yes,” complete Schedule C, Part II</td>
<td>X</td>
</tr>
<tr>
<td>5.</td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td>6.</td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td>7.</td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td>8.</td>
<td>Did the organization maintain collections of works of art, historical treasures, or other similar assets? If “Yes,” complete Schedule D, Part III</td>
<td>X</td>
</tr>
<tr>
<td>9.</td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td>10.</td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td>11.</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If “Yes,” complete Schedule D, Part VI</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>e. Did the organization report an amount for other liabilities in Part X, line 25? If “Yes,” complete Schedule D, Part X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>12a. Did the organization obtain separate, independent audited financial statements for the tax year? If “Yes,” complete Schedule D, Parts XI and XII</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td>13.</td>
<td>Is the organization a school described in section 170(b)(1)(A)(i)? If “Yes,” complete Schedule E</td>
<td>X</td>
</tr>
<tr>
<td>14a.</td>
<td>Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td>15.</td>
<td>Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If “Yes,” complete Schedule F, Parts II and IV</td>
<td>X</td>
</tr>
<tr>
<td>16.</td>
<td>Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If “Yes,” complete Schedule F, Parts III and IV</td>
<td>X</td>
</tr>
<tr>
<td>17.</td>
<td>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)</td>
<td>X</td>
</tr>
<tr>
<td>18.</td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td>19.</td>
<td>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</td>
<td>X</td>
</tr>
<tr>
<td>20a</td>
<td>Did the organization operate one or more hospital facilities? If “Yes,” complete Schedule H</td>
<td>No</td>
</tr>
<tr>
<td>20b</td>
<td>If “Yes” to line 20a, did the organization attach a copy of its audited financial statements to this return?</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If “Yes,” complete Schedule I, Parts I and II</td>
<td>X</td>
</tr>
<tr>
<td>22</td>
<td>Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If “Yes,” complete Schedule I, Parts I and III</td>
<td>X</td>
</tr>
<tr>
<td>23</td>
<td>Did the organization answer “Yes” to Part VII, Section A, line 3, 4, or 5 about compensation of the organization’s current and former officers, directors, trustees, key employees, and highest compensated employees? If “Yes,” complete Schedule J</td>
<td>X</td>
</tr>
<tr>
<td>24a</td>
<td>Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If “Yes,” answer lines 24b through 24d and complete Schedule K. If “No,” go to line 25a</td>
<td>X</td>
</tr>
<tr>
<td>24b</td>
<td>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td></td>
</tr>
<tr>
<td>24c</td>
<td>Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td></td>
</tr>
<tr>
<td>24d</td>
<td>Did the organization act as an “on behalf of” issuer for bonds outstanding at any time during the year?</td>
<td></td>
</tr>
<tr>
<td>25a</td>
<td>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If “Yes,” complete Schedule L, Part I</td>
<td>X</td>
</tr>
<tr>
<td>25b</td>
<td>Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization’s prior Forms 990 or 990-EZ? If “Yes,” complete Schedule L, Part I</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If “Yes,” complete Schedule L, Part II</td>
<td>X</td>
</tr>
<tr>
<td>27</td>
<td>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? If “Yes,” complete Schedule L, Part III</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>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):</td>
<td></td>
</tr>
<tr>
<td>28a</td>
<td>A current or former officer, director, trustee, or key employee? If “Yes,” complete Schedule L, Part IV</td>
<td>X</td>
</tr>
<tr>
<td>28b</td>
<td>A family member of a current or former officer, director, trustee, or key employee? If “Yes,” complete Schedule L, Part IV</td>
<td>X</td>
</tr>
<tr>
<td>28c</td>
<td>An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If “Yes,” complete Schedule L, Part IV</td>
<td>X</td>
</tr>
<tr>
<td>29</td>
<td>Did the organization receive more than $25,000 in non-cash contributions? If “Yes,” complete Schedule M</td>
<td>X</td>
</tr>
<tr>
<td>30</td>
<td>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If “Yes,” complete Schedule M</td>
<td>X</td>
</tr>
<tr>
<td>31</td>
<td>Did the organization liquidate, terminate, or dissolve and cease operations? If “Yes,” complete Schedule N, Part I</td>
<td>X</td>
</tr>
<tr>
<td>32</td>
<td>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If “Yes,” complete Schedule N, Part II</td>
<td>X</td>
</tr>
<tr>
<td>33</td>
<td>Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If “Yes,” complete Schedule R, Part I</td>
<td>X</td>
</tr>
<tr>
<td>34</td>
<td>Was the organization related to any tax-exempt or taxable entity? If “Yes,” complete Schedule R, Part II, III, or IV, and Part V, line 1</td>
<td>X</td>
</tr>
<tr>
<td>35a</td>
<td>Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td>X</td>
</tr>
<tr>
<td>35b</td>
<td>If “Yes” to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If “Yes,” complete Schedule R, Part V, line 2</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If “Yes,” complete Schedule R, Part V, line 2</td>
<td>X</td>
</tr>
<tr>
<td>37</td>
<td>Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If “Yes,” complete Schedule R, Part VI</td>
<td>X</td>
</tr>
<tr>
<td>38</td>
<td>Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.</td>
<td>X</td>
</tr>
</tbody>
</table>
### Part V Statements Regarding Other IRS Filings and Tax Compliance

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2b 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</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>3a Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>4a 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)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5a Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6a Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>7a 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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>7b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>8 Did 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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>9 Did the organization offer any educational assistance to any individual?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 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)?</td>
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<td>11 Organization that may receive deductible contributions under section 170(c).</td>
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<td>12 Organization that may receive deductible contributions under section 170(c).</td>
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<td>13 Section 501(c)(29) organizations.</td>
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<td>14 Section 4947(a)(1) non-exempt charitable trusts.</td>
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<tr>
<td>15 Section 4947(a)(1) non-exempt charitable trusts.</td>
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**Note:**
- Gifts were not tax deductible?
- Against amounts due or received from them?
- Required to file Form 8886-T?
- Sponsoring organizations maintaining donor advised funds.
- Organizations that may receive deductible contributions under section 170(c).
- Forcontributions that were not deductible as charitable contributions?
- Forreportable payments?
- Forreportable (gambling) winnings to prize winners?
- Forreportable payments to vendors and reportable (gambling) winnings to prize winners?
- Forreportable payments to vendors and reportable (gambling) winnings to prize winners?
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- Forreportable payments to vendors and reportable (gambling) winnings to prize winners?
Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year. 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. 

1b Enter the number of voting members included in line 1a, above, who are independent.

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization’s assets?

6 Did the organization have members or stockholders?

7 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?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
   a. The governing body?
   b. Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If “Yes,” provide the names and addresses in Schedule O.

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

10a Did the organization have local chapters, branches, or affiliates?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.

12a Did the organization have a written conflict of interest policy? If “No,” go to line 13

12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this was done.

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

15a The organization’s CEO, Executive Director, or top management official

15b Other officers or key employees of the organization

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

16b If “Yes,” did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements?

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: MS, TN, WA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
   X Own website X Another’s website X Upon request □ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization’s books and records: Women of Hope International

Southaven 187 Stateline Rd., E. Suite 17

MS 38671 901-775-9757

Form 990 (2017)
## Part VII
Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter **-0-** in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's **five current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former officers**, **key employees**, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

### Table

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kathie Slusser-Carlson</td>
<td>1.00</td>
<td>Director</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Board Chair</td>
<td>0.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(2) Lorri Bond</td>
<td>1.00</td>
<td>Vice Chair</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>(3) Arlene Johnson</td>
<td>1.00</td>
<td>Treasurer</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>(4) Michelle Asbill</td>
<td>1.00</td>
<td>Secretary</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(5) Paul Neeley</td>
<td>1.00</td>
<td>Board Member</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>(6) Shelley Welch</td>
<td>1.00</td>
<td>Board Member</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(7) Dave Bochman</td>
<td>1.00</td>
<td>Board Member</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(8) Kim Kargbo</td>
<td>40.00</td>
<td>President &amp; CEO</td>
<td>50,097</td>
<td>0</td>
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</tbody>
</table>
### Part VII

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
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<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
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</table>

1b Sub-total

c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c)

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

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 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? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

### 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.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

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

## Part VIII Statement of Revenue

### Contributions, Gifts, Grants, and Other Similar Amounts

<table>
<thead>
<tr>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1c Fundraising events</td>
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<td></td>
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</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
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<tr>
<td>1g Noncash contributions included in lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1h Total. Add lines 1a–1f</td>
<td></td>
<td></td>
<td>249,733</td>
</tr>
</tbody>
</table>

### Program Service Revenue

<table>
<thead>
<tr>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a Home Party Host Fee</td>
<td>130</td>
<td>130</td>
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<tr>
<td>2b Others</td>
<td></td>
<td></td>
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<tr>
<td>2c Others</td>
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<td>2d Others</td>
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<td>2e Others</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2f Others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2g Total. Add lines 2a–2f</td>
<td>130</td>
<td>130</td>
<td></td>
</tr>
</tbody>
</table>

### Other Revenue

<table>
<thead>
<tr>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a Gross rents</td>
<td>17,055</td>
<td>17,055</td>
<td></td>
</tr>
<tr>
<td>6b Less: rental expenses</td>
<td>15,689</td>
<td>15,689</td>
<td></td>
</tr>
<tr>
<td>6c Rental inc. or (loss)</td>
<td>1,366</td>
<td>1,366</td>
<td></td>
</tr>
<tr>
<td>6d Net rental income or (loss)</td>
<td>1,366</td>
<td>1,366</td>
<td></td>
</tr>
<tr>
<td>7a Gross amount from sales of assets other than inventory</td>
<td>(i) Securities</td>
<td>(ii) Other</td>
<td></td>
</tr>
<tr>
<td>7b Less: cost or other basis &amp; sales exps.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Gain or (loss)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7d Net gain or (loss)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8a Gross income from fundraising events</td>
<td>49,971</td>
<td>49,971</td>
<td></td>
</tr>
<tr>
<td>8b Less: direct expenses</td>
<td>2,649</td>
<td>2,649</td>
<td></td>
</tr>
<tr>
<td>8c Net income or (loss) from fundraising events</td>
<td>47,322</td>
<td>47,322</td>
<td></td>
</tr>
<tr>
<td>9a Gross income from gaming activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross sales of inventory, less returns and allowances</td>
<td>5,235</td>
<td>5,235</td>
<td></td>
</tr>
<tr>
<td>10b Less: cost of goods sold</td>
<td>1,887</td>
<td>1,887</td>
<td></td>
</tr>
<tr>
<td>10c Net income or (loss) from sales of inventory</td>
<td>3,348</td>
<td>3,348</td>
<td></td>
</tr>
</tbody>
</table>

### Miscellaneous Revenue

<table>
<thead>
<tr>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11e Total. Add lines 11a–11d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Total revenue. See instructions.</td>
<td>301,899</td>
<td>3,478</td>
<td>1,366</td>
</tr>
<tr>
<td>Column</td>
<td>Description</td>
<td>(A) Total expenses</td>
<td>(B) Program service expenses</td>
</tr>
<tr>
<td>--------</td>
<td>-------------------------------------------------------------------------------------------------------</td>
<td>--------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td>62,257</td>
<td>62,257</td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>50,098</td>
<td>37,573</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>119,340</td>
<td>75,343</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>3,319</td>
<td>1,951</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>13,216</td>
<td>8,787</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td>2,658</td>
<td>2,658</td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td>1,100</td>
<td>1,100</td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>1,564</td>
<td>1,012</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>12,000</td>
<td>8,400</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>32,875</td>
<td>32,692</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td>8,753</td>
<td>7,376</td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>6,427</td>
<td>6,117</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>2,842</td>
<td>2,842</td>
</tr>
<tr>
<td>24</td>
<td>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.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Supplies &amp; Materials</td>
<td>15,157</td>
<td>11,776</td>
</tr>
<tr>
<td>b</td>
<td>Miscellaneous</td>
<td>5,457</td>
<td>2,038</td>
</tr>
<tr>
<td>c</td>
<td>Telephone &amp; Utilities</td>
<td>5,207</td>
<td>3,817</td>
</tr>
<tr>
<td>d</td>
<td>Postage &amp; Shippings</td>
<td>2,037</td>
<td>700</td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td>5,312</td>
<td>1,690</td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>349,619</td>
<td>261,529</td>
</tr>
</tbody>
</table>

**Note:** Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Check if Schedule O contains a response or note to any line in this Part IX.
### Form 990 (2017) Page 11

#### Part X Balance Sheet

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

- **Beginning of year**
- **End of year**

<table>
<thead>
<tr>
<th></th>
<th>(A)</th>
<th>(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash—non-interest</td>
<td></td>
</tr>
<tr>
<td></td>
<td>bearing</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Savings and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>temporary cash</td>
<td></td>
</tr>
<tr>
<td></td>
<td>investments</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Pledges and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>grants receivable,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>net</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>net</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Loans and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>other receivables</td>
<td></td>
</tr>
<tr>
<td></td>
<td>from current and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>former officers,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>directors,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>trustees, key</td>
<td></td>
</tr>
<tr>
<td></td>
<td>employees, and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>receivables from</td>
<td></td>
</tr>
<tr>
<td></td>
<td>other disqualified</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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 employee's beneficiary organizations (see instructions). Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans</td>
<td></td>
</tr>
<tr>
<td></td>
<td>receivable, net</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inventories for</td>
<td></td>
</tr>
<tr>
<td></td>
<td>sale or use</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and deferred</td>
<td></td>
</tr>
<tr>
<td></td>
<td>charges</td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and equipment:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>cost or other basis. Complete Part VI of Schedule D</td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Investments—publicly traded securities</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Investments—other securities. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Investments—program-related. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td><strong>Total assets.</strong> Add lines 1 through 15 (must equal line 34)</td>
<td><strong>314,276</strong></td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and accrued expenses</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond</td>
<td></td>
</tr>
<tr>
<td></td>
<td>liabilities</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial</td>
<td></td>
</tr>
<tr>
<td></td>
<td>account liability. Complete Part IV of Schedule D</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Loans and other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and notes payable</td>
<td></td>
</tr>
<tr>
<td></td>
<td>to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and loans payable</td>
<td></td>
</tr>
<tr>
<td></td>
<td>to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td><strong>5,491</strong></td>
</tr>
<tr>
<td>26</td>
<td><strong>Total liabilities.</strong> Add lines 17 through 25</td>
<td><strong>5,491</strong></td>
</tr>
</tbody>
</table>

#### Organizations that follow SFAS 117 (ASC 958), check here \(\times\) and complete lines 27 through 29, and lines 33 and 34.

<table>
<thead>
<tr>
<th></th>
<th>(A)</th>
<th>(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Unrestricted net assets</td>
<td><strong>271,286</strong></td>
</tr>
<tr>
<td>28</td>
<td>Temporarily restricted net assets</td>
<td><strong>37,499</strong></td>
</tr>
</tbody>
</table>

#### Organizations that do not follow SFAS 117 (ASC 958), check here \(\square\) and complete lines 30 through 34.

<table>
<thead>
<tr>
<th></th>
<th>(A)</th>
<th>(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
<td><strong>308,785</strong></td>
</tr>
<tr>
<td>34</td>
<td>Total liabilities and net assets/fund balances</td>
<td><strong>314,276</strong></td>
</tr>
</tbody>
</table>
Part XI  Reconciliation of Net Assets

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>301,899</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>349,619</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>-47,720</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>308,785</td>
</tr>
</tbody>
</table>

Part XII  Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cash</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>Accrual</td>
<td>☒</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>☐</td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td>☒</td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td>☒</td>
</tr>
<tr>
<td>3a</td>
<td>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?</td>
<td>☒</td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; 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.</td>
<td>261,065</td>
</tr>
</tbody>
</table>
**Part I: Reason for Public Charity Status (All organizations must complete this part.)** 

See instructions.

<table>
<thead>
<tr>
<th>The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
</tr>
<tr>
<td>2. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</td>
</tr>
<tr>
<td>3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
</tr>
<tr>
<td>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:</td>
</tr>
<tr>
<td>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.)</td>
</tr>
<tr>
<td>6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
</tr>
<tr>
<td>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.)</td>
</tr>
<tr>
<td>8. A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)</td>
</tr>
<tr>
<td>9. An agricultural research organization described in section 170(b)(1)(A)(viii) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:</td>
</tr>
<tr>
<td>10. 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.)</td>
</tr>
<tr>
<td>12. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</td>
</tr>
<tr>
<td>a. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</td>
</tr>
<tr>
<td>b. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</td>
</tr>
<tr>
<td>c. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</td>
</tr>
<tr>
<td>d. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</td>
</tr>
<tr>
<td>e. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</td>
</tr>
<tr>
<td>f. Enter the number of supported organizations:</td>
</tr>
<tr>
<td>g. Provide the following information about the supported organization(s):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1–10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
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<tr>
<td>(C)</td>
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<td>(D)</td>
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<td>(E)</td>
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<tr>
<td>Total</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and</td>
<td>376,254</td>
<td>470,720</td>
<td>298,577</td>
<td>321,673</td>
<td>249,733</td>
<td>1,716,957</td>
</tr>
<tr>
<td>membership fees received. (Do not</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>include any &quot;unusual grants.&quot;)</td>
<td></td>
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</tr>
<tr>
<td>2 Tax revenues levied for the</td>
<td></td>
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<tr>
<td>organization's benefit and either paid</td>
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<td></td>
<td></td>
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<tr>
<td>to or expended on its behalf</td>
<td></td>
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</tr>
<tr>
<td>3 The value of services or facilities</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>furnished by a governmental unit to the</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>376,254</td>
<td>470,720</td>
<td>298,577</td>
<td>321,673</td>
<td>249,733</td>
<td>1,716,957</td>
</tr>
<tr>
<td>5 The portion of total contributions by</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>141,392</td>
</tr>
<tr>
<td>each person (other than a governmental</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>unit or publicly supported organization)</td>
<td></td>
<td></td>
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<tr>
<td>included on line 1 that exceeds 2% of the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,575,565</td>
</tr>
</tbody>
</table>

Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>376,254</td>
<td>470,720</td>
<td>298,577</td>
<td>321,673</td>
<td>249,733</td>
<td>1,716,957</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>payments received on securities loans,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>rents, royalties, and income from</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business</td>
<td>-2,035</td>
<td>6,057</td>
<td>9,143</td>
<td>7,838</td>
<td>17,055</td>
<td>38,058</td>
</tr>
<tr>
<td>activities, whether or not the business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>is regularly carried on</td>
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<tr>
<td>10 Other income. Do not include gain or</td>
<td></td>
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</tr>
<tr>
<td>loss from the sale of capital assets</td>
<td></td>
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<tr>
<td>(Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,755,015</td>
</tr>
<tr>
<td>12 Gross receipts from related activities,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>55,336</td>
</tr>
<tr>
<td>etc. (see instructions)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>First five years. If the Form 990 is for</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>the organization’s first, second, third,</td>
<td></td>
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</tr>
<tr>
<td>fourth, or fifth tax year as a section</td>
<td></td>
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</tr>
<tr>
<td>501(c)(3) organization, check this box and</td>
<td></td>
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</tr>
<tr>
<td>stop here.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section C. Computation of Public Support Percentage

| Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 89.78 % |
| Public support percentage from 2016 Schedule A, Part II, line 14 | 88.03 % |

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 

17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants&quot;).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support. (Subtract line 7c from line 6.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

| 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | % |

### Section D. Computation of Investment Income Percentage

| 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | % |
| 19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization |          | |
| 19b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization |          | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions |          | |

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**Women of Hope International**

**27-0571060**

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

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**DAA**
Supporting Organizations

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

1. Are all of the organization’s supported organizations listed by name in the organization’s governing documents? If “No,” describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If “Yes,” explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If “Yes,” answer (b) and (c) below.

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

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

4a. Was any supported organization not organized in the United States (“foreign supported organization”)? If “Yes,” and if you checked 12a or 12b in Part I, answer (b) and (c) below.

b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If “Yes,” describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If “Yes,” explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If “Yes,” answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization’s organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

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

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

6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization’s supported organizations? If “Yes,” provide detail in Part VI.

7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).

9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If “Yes,” provide detail in Part VI.

b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If “Yes,” provide detail in Part VI.

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

10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If “Yes,” answer 10b below.

b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)
Part IV  Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?
   a  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
   b  A family member of a person described in (a) above?
   c  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

Section B. Type I Supporting Organizations

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors or trustees of each of the organization’s supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization’s governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization’s supported organizations played in this regard.

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
   a  The organization satisfied the Activities Test. Complete line 2 below.
   b  The organization is the parent of each of its supported organizations. Complete line 3 below.
   c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.
   a  Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
   b  Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.
   a  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
   b  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1. Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI).

Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2. Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3. Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4. Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5. Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6. Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)</td>
<td>6</td>
</tr>
<tr>
<td>7. Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8. Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a. Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b. Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c. Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d. Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e. Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2. Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3. Subtract line 2 from line 1d</td>
<td>3</td>
</tr>
<tr>
<td>4. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).</td>
<td>4</td>
</tr>
<tr>
<td>5. Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6. Multiply line 5 by .035.</td>
<td>6</td>
</tr>
<tr>
<td>7. Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8. Minimum Asset Amount (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adjusted net income for prior year (from Section A, line 8, Column A)</td>
<td>1</td>
</tr>
<tr>
<td>2. Enter 85% of line 1</td>
<td>2</td>
</tr>
<tr>
<td>3. Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
<td>3</td>
</tr>
<tr>
<td>4. Enter greater of line 2 or line 3</td>
<td>4</td>
</tr>
<tr>
<td>5. Income tax imposed in prior year</td>
<td>5</td>
</tr>
<tr>
<td>6. Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
<td>6</td>
</tr>
</tbody>
</table>

7. Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).
### Schedule A (Form 990 or 990-EZ) 2017

**Women of Hope International**

**Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

#### Part V

**Section D - Distributions**

<table>
<thead>
<tr>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
</tr>
<tr>
<td><strong>2</strong></td>
</tr>
<tr>
<td><strong>3</strong></td>
</tr>
<tr>
<td><strong>4</strong></td>
</tr>
<tr>
<td><strong>5</strong></td>
</tr>
<tr>
<td><strong>6</strong></td>
</tr>
<tr>
<td><strong>7</strong></td>
</tr>
<tr>
<td><strong>8</strong></td>
</tr>
<tr>
<td><strong>9</strong></td>
</tr>
<tr>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

#### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2017</th>
<th>(iii) Distributable Amount for 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Distributable amount for 2017 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2</strong> Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3</strong> Excess distributions carryover, if any, to 2017:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f <strong>Total</strong> of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Applied to 2017 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Carryover from 2012 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4</strong> Distributions for 2017 from Section D, line 7: $</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Applied to 2017 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5</strong> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6</strong> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7</strong> Excess distributions carryover to 2018. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8</strong> Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Excess from 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Excess from 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Excess from 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Excess from 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Excess from 2017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990 or 990-EZ) 2017
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

2017

Name of the organization

Women of Hope International

Employer identification number

27-0571060

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33⅓% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

DAA
<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>John &amp; Sheree Osborne 24545 SE 39th Place Issaquah WA 98029-7599</td>
<td>$11,172</td>
<td>Person X, Payroll, Noncash</td>
</tr>
<tr>
<td>2</td>
<td>Kenneth &amp; Lorri Bond 3037 5th St. Voorhees NJ 08043</td>
<td>$25,045</td>
<td>Person X, Payroll, Noncash</td>
</tr>
<tr>
<td>3</td>
<td>Paul and Joyce Chiles 5 Kamholz Rd. Centerville WA 98613</td>
<td>$38,200</td>
<td>Person X, Payroll, Noncash</td>
</tr>
<tr>
<td>4</td>
<td>Christian Community Foundation 4515 Poplar Ave., Suite 324 Memphis TN 38117</td>
<td>$55,025</td>
<td>Person X, Payroll, Noncash</td>
</tr>
<tr>
<td>5</td>
<td>Parke &amp; Whitley Morris 1403 Goodbar Ave. Memphis TN 38104</td>
<td>$13,050</td>
<td>Person X, Payroll, Noncash</td>
</tr>
<tr>
<td>6</td>
<td>Christ Presbyterian Church 6860 Craft Rd. Olive Branch MS 38654</td>
<td>$5,200</td>
<td>Person X, Payroll, Noncash</td>
</tr>
<tr>
<td>No.</td>
<td>Name, address, and ZIP + 4</td>
<td>Total contributions</td>
<td>Type of contribution</td>
</tr>
<tr>
<td>-----</td>
<td>----------------------------</td>
<td>---------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>7</td>
<td>Terry &amp; Becki Brimhall 9250 Davies Plantation Rd. Bartlett TN 38133</td>
<td>$5,000</td>
<td>Person X</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
Part I  Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered “Yes” on Form 990, Part IV, line 6.

1  Total number at end of year
2  Aggregate value of contributions to (during year)
3  Aggregate value of grants from (during year)
4  Aggregate value at end of year
5  Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization’s property, subject to the organization’s exclusive legal control?
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?

Part II  Conservation Easements. Complete if the organization answered “Yes” on Form 990, Part IV, line 7.

1  Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or education)
- Protection of natural habitat
- Preservation of open space
- Preservation of a historically important land area
- Preservation of a certified historic structure

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.

2a  Total number of conservation easements
2b  Total acreage restricted by conservation easements
2c  Number of conservation easements on a certified historic structure included in (a)
2d  Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4  Number of states where property subject to conservation easement is located

5  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements.

Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered “Yes” on Form 990, Part IV, line 8.

1a  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) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

2  If the organization received or held works of art, historical 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  Revenue included on 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

3 Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   a  Public exhibition
   b  Scholarly research
   c  Preservation for future generations

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.

1a 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:

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td></td>
</tr>
</tbody>
</table>

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

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

Part V  Endowment Funds.

Complete if the organization answered “Yes” on Form 990, Part IV, line 10.

1a Beginning of year balance
1b Contributions
1c Net investment earnings, gains, and losses
1d Grants or scholarships
1e Other expenditures for facilities and programs
1f Administrative expenses
1g End of year balance

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td></td>
</tr>
<tr>
<td>(c)</td>
<td></td>
</tr>
<tr>
<td>(d)</td>
<td></td>
</tr>
<tr>
<td>(e)</td>
<td></td>
</tr>
</tbody>
</table>

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   %
   c Temporarily restricted endowment   %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
   (i) unrelated organizations  Yes  No
   (ii) related organizations  Yes  No

b If “Yes” on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

4 Describe in Part XIII the intended uses of the organization’s endowment funds.

Part VI  Land, Buildings, and Equipment.

Complete if the organization answered “Yes” on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (Investment)</th>
<th>(b) Cost or other basis (Other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td>5,000</td>
<td></td>
<td>5,000</td>
<td></td>
</tr>
<tr>
<td>1b Buildings</td>
<td>142,411</td>
<td>8,307</td>
<td>134,104</td>
<td></td>
</tr>
<tr>
<td>1c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Equipment</td>
<td>25,550</td>
<td>18,358</td>
<td>7,192</td>
<td></td>
</tr>
<tr>
<td>1e Other</td>
<td>12,822</td>
<td>2,869</td>
<td>9,953</td>
<td></td>
</tr>
</tbody>
</table>

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

Complete if the organization answered “Yes” on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>Description of security or category</th>
<th>Book value</th>
<th>Method of valuation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### Part VIII Investments—Program Related.

Complete if the organization answered “Yes” on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>Description of investment</th>
<th>Book value</th>
<th>Method of valuation:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### Part IX Other Assets.

Complete if the organization answered “Yes” on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>Description</th>
<th>Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

### Part X Other Liabilities.

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

1. | Description of liability | Book value |
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Payroll tax Payable</td>
<td>2,842</td>
<td></td>
</tr>
<tr>
<td>(3) Retirement benefit payable</td>
<td>2,280</td>
<td></td>
</tr>
<tr>
<td>(4) Capital One Payable</td>
<td>251</td>
<td></td>
</tr>
<tr>
<td>(5) Sales Taxes Payable</td>
<td>224</td>
<td></td>
</tr>
<tr>
<td>(6) Rounding</td>
<td>-21</td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the 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.
## Part XI  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered “Yes” on Form 990, Part IV, line 12a.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Net unrealized gains (losses) on investments</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b. Donated services and use of facilities</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c. Recoveries of prior year grants</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d. Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e. Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b. Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c. Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</td>
<td></td>
</tr>
</tbody>
</table>

## Part XII  Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Donated services and use of facilities</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b. Prior year adjustments</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c. Other losses</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d. Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e. Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b. Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c. Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
<td></td>
</tr>
</tbody>
</table>

## Part XIII  Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.
### SCHEDULE F (Form 990) Statement of Activities Outside the United States

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

1. **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
   - Yes [x]  
   - 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.

3. **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

<table>
<thead>
<tr>
<th>(a) Region</th>
<th>(b) Number of offices in the region</th>
<th>(c) Number of employees, agents, and independent contractors in the region</th>
<th>(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)</th>
<th>(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region</th>
<th>(f) Total expenditures for and investments in the region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sierra Leone</td>
<td>990 Part III 4a,b,c</td>
<td>990 Part III4a,b,c</td>
<td></td>
<td></td>
<td>62,257</td>
</tr>
<tr>
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<tr>
<td>(17)</td>
<td>3a Sub-total</td>
<td>62,257</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Total from continuation sheets to Part I</td>
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</tr>
<tr>
<td></td>
<td>c Totals (add lines 3a and 3b)</td>
<td></td>
<td></td>
<td></td>
<td>62,257</td>
</tr>
</tbody>
</table>

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

Schedule F (Form 990) 2017

DAA
## Part II Grants and Other Assistance to Organizations or Entities Outside the United States

Complete if the organization answered “Yes” on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of organization</th>
<th>(b) IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of assistance</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of noncash assistance</th>
<th>(h) Description of noncash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Women of Hope International 27-0571060</td>
<td>Financial Assistance</td>
<td>62,257</td>
<td>Cash</td>
<td>FMV</td>
<td></td>
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</tbody>
</table>

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.

3. Enter total number of other organizations or entities.
Part III  Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered “Yes” on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Region</th>
<th>(c) Number of recipients</th>
<th>(d) Amount of cash grant</th>
<th>(e) Manner of cash disbursement</th>
<th>(f) Amount of noncash assistance</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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</tr>
</tbody>
</table>
**Part IV  Foreign Forms**

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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)</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>Did the organization have an interest in a foreign trust during the tax year? If “Yes,” the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don’t file with Form 990)</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>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)</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td>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)</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5</td>
<td>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)</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6</td>
<td>Did the organization have any operations in or related to any boycotting countries during the tax year? If “Yes,” the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don’t file with Form 990)</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
Part I - Line 2 - Procedures for Monitoring the Use of Grant Funds

President & CEO is in constant contact with management in Sierra Leone and visits Sierra Leone several times each year to monitor activities. Grantee entity provides monthly expense reports and bank reconciliation reports to Finance Manager.

Part I, Line 3 - Activities per Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Expenditures</th>
<th>Investments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sierra Leone</td>
<td>$ 62,257</td>
<td>$ 0</td>
</tr>
</tbody>
</table>

Part V - Additional Information

Part I, Line 3, Column (E):

Region: Sierra Leone West Africa

(E) Specific Types of Services in Region:

Providing Women with Disabilities in Sierra Leone West Africa with training in wholistic health and development; skills training to produce fair trade products for income generation; monitoring, evaluating, and training; visits to Sierra Leone; and awareness raising and support of approximately 800 women with disabilities.
### SCHEDULE G
(Form 990 or 990-EZ)

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

Name of the organization

**Women of Hope International** 27-0571060

Employer identification number

#### Part I - Fundraising Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - a. Mail solicitations
   - b. Internet and email solicitations
   - c. Phone solicitations
   - d. In-person solicitations
   - e. Solicitation of non-government grants
   - f. Solicitation of government grants
   - g. Special fundraising events

2a. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

   - Yes  
   - No

2b. If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
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<tr>
<td>6</td>
<td></td>
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<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

   - [List of states]
   - [List of states]
   - [List of states]
   - [List of states]

---

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
Schedule G (Form 990 or 990-EZ) 2017

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross receipts</td>
<td>54,371</td>
<td></td>
<td></td>
<td>54,371</td>
</tr>
<tr>
<td>Less: Contributions</td>
<td>4,400</td>
<td></td>
<td></td>
<td>4,400</td>
</tr>
<tr>
<td>Gross income (line 1 minus line 2)</td>
<td>49,971</td>
<td></td>
<td></td>
<td>49,971</td>
</tr>
</tbody>
</table>

### Direct Expenses

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food and beverages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entertainment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other direct expenses</td>
<td>2,649</td>
<td></td>
<td></td>
<td>2,649</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Direct Expenses

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteer labor</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

### Schedule G (Form 990 or 990-EZ) 2017

<table>
<thead>
<tr>
<th>9</th>
<th>Enter the state(s) in which the organization conducts gaming activities:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Is the organization licensed to conduct gaming activities in each of these states?</td>
</tr>
<tr>
<td>b</td>
<td>If “No,” explain:</td>
</tr>
</tbody>
</table>

| 10a | Were any of the organization’s gaming licenses revoked, suspended, or terminated during the tax year? | Yes | No |
| b  | If “Yes,” explain: |
Part IV Supplemental Information. 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 provide any additional information. See instructions.
Form 990 - Organization's Mission or Most Significant Activities

Women of Hope trains and equips the global Body of Christ to: think biblically, love inclusively, and act wholistically, to promote the transformation of people with disabilities in the developing world; especially women.

Form 990 - Organization's Mission

Women of Hope trains and equips the global Body of Christ to: think biblically, love inclusively, and act wholistically, to promote the transformation of people with disabilities in the developing world; especially women.

Form 990, Part III, Line 4d - All Other Accomplishment

Serving churches and ministries around the world with interactive, practical and ideological training around disability through the provision of Training of Trainer workshops, curricula, and resources. Serving over 800 women with disabilities in Sierra Leone, West Africa with health education, emotional and spiritual support, advocacy and emergency assistance, and economic empowerment, including a Fair Trade Initiative which trains and supports approximately 30 women in producing products to be sold in Sierra Leone and abroad. Providing administrative support, monitoring and evaluation through field visits to Sierra Leone, and maintaining the operation of a cooperative workshop and training center for women and a retreat center for income generation.
<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women of Hope International</td>
<td>27-0571060</td>
</tr>
</tbody>
</table>

**Form 990, Part V, Line 4b - Financial Accounts in Foreign Countries**

- Sierra Leone

**Form 990, Part VI, Line 9 - Officers Who Cannot Be Reached**

- Kathie Slusser-Carlson
  
  12524 W. Woodmurra
  
  Boise, ID 83709

- Lorri Bond
  
  3037 5th St.
  
  Voorhees, NJ 08043

- Arlene Johnson
  
  4019 Victory Drive
  
  Frisco, TX 75034

- Michelle Asbill
  
  3051 Silverwood Dr.
  
  Los Alamitos, CA 90720

- Paul Neeley
  
  734 Middale
  
  Duncanville, TX 75116

- Shelley Welch
  
  1350 Thames Terrace
  
  Roselle, IL 60172
Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The President & CEO will review the 990 before it is filed.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The board members read, sign, and disclose a conflict of interest policy at each annual meeting.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Salary levels for all staff are proposed in the annual budget by the office management staff. The finance committee of the board then reviews the budget and requests more information for any questions, or makes changes as deemed necessary. The budget is then presented to the board by the treasurer for approval or adjustments. For salary adjustments outside of the budget, the CEO would approach the board with a proposal and the finance committee would review that and make recommendations to the entire board for a vote.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documents and conflict of interest policies are available upon request.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation
<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women of Hope International</td>
<td>27-0571060</td>
</tr>
</tbody>
</table>

| Misc adjustment to net assets | $ 0                           |
**Form 4562**

**Depreciation and Amortization**

*(Including Information on Listed Property)*

**Women of Hope International**

Identifying number: 27-0571060

**Business or activity to which this form relates**

**Name(s) shown on return**

---

**Part I**  
**Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Maximum amount (see instructions)</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Total cost of section 179 property placed in service (see instructions)</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Threshold cost of section 179 property before reduction in limitation (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-.</td>
<td>5</td>
</tr>
</tbody>
</table>

**Part II**  
**Special Depreciation Allowance and Other Depreciation (Don't include listed property) (See instructions.)**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Property subject to section 168(f)(1) election</td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td>Other depreciation (including ACRS)</td>
<td>16</td>
</tr>
</tbody>
</table>

**Part III**  
**MACRS Depreciation (Don't include listed property) (See instructions.)**

**Section A**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>MACRS deductions for assets placed in service in tax years beginning before 2017</td>
<td>17</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System**

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>19a</td>
<td>3-year property</td>
<td>(a) Classification of property</td>
<td>(b) Month and year placed in service</td>
<td>(c) Basis for depreciation (business/investment use only—see instructions)</td>
<td>(d) Recovery period</td>
<td>(e) Convention</td>
</tr>
<tr>
<td>b</td>
<td>5-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>7-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>10-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>15-year property</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>f</td>
<td>20-year property</td>
<td></td>
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<tr>
<td>g</td>
<td>25-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Residential rental property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Nonresidential real property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System**

<p>| | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>20a</td>
<td>Class life</td>
<td>(a) Classification of property</td>
<td>(b) Month and year placed in service</td>
<td>(c) Basis for depreciation (business/investment use only—see instructions)</td>
<td>(d) Recovery period</td>
<td>(e) Convention</td>
<td>(f) Method</td>
</tr>
<tr>
<td>b</td>
<td>12-year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>40-year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part IV**  
**Summary (See instructions.)**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>Listed property. Enter amount from line 28</td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td>Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions</td>
<td>22</td>
</tr>
<tr>
<td>23</td>
<td>For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs</td>
<td>23</td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see separate instructions.

---

There are no amounts for Page 2
### Depreciation and Amortization

**Part I**  
**Election To Expense Certain Property Under Section 179**  
*Note: If you have any listed property, complete Part V before you complete Part I.*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Maximum amount (see instructions) ........................................... 1</td>
</tr>
<tr>
<td>2</td>
<td>Total cost of section 179 property placed in service (see instructions) 2</td>
</tr>
<tr>
<td>3</td>
<td>Threshold cost of section 179 property before reduction in limitation (see instructions) 3</td>
</tr>
<tr>
<td>4</td>
<td>Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4</td>
</tr>
<tr>
<td>5</td>
<td>Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5</td>
</tr>
<tr>
<td>6</td>
<td>(a) Description of property (b) Cost (business use only) (c) Elected cost</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Listed property. Enter the amount from line 29 7</td>
</tr>
<tr>
<td>8</td>
<td>Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8</td>
</tr>
<tr>
<td>9</td>
<td>Tentative deduction. Enter the smaller of line 5 or line 8 9</td>
</tr>
<tr>
<td>10</td>
<td>Carryover of disallowed deduction from line 13 of your 2016 Form 4562 10</td>
</tr>
<tr>
<td>11</td>
<td>Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11</td>
</tr>
<tr>
<td>12</td>
<td>Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12</td>
</tr>
<tr>
<td>13</td>
<td>Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 13</td>
</tr>
</tbody>
</table>

*Note: Don't use Part II or Part III below for listed property. Instead, use Part V.*

---

**Part II**  
**Special Depreciation Allowance and Other Depreciation (Don't include listed property.)** (See instructions.)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14</td>
</tr>
<tr>
<td>15</td>
<td>Property subject to section 168(f)(1) election 15</td>
</tr>
<tr>
<td>16</td>
<td>Other depreciation (including ACRS) 16</td>
</tr>
</tbody>
</table>

**Part III**  
**MACRS Depreciation (Don't include listed property.)** (See instructions.)

**Section A**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Classification of property</td>
<td>(b) Month and year placed in service</td>
<td>(c) Basis for depreciation (business/investment use only—see instructions)</td>
<td>(d) Recovery period</td>
</tr>
<tr>
<td>19a</td>
<td>3-year property</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>5-year property</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>7-year property</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>10-year property</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>15-year property</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>20-year property</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>25-year property</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Residential rental property</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Nonresidential real property</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section B**—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Classification of property</td>
<td>(b) Month and year placed in service</td>
<td>(c) Basis for depreciation (business/investment use only—see instructions)</td>
<td>(d) Recovery period</td>
<td>(e) Convention</td>
<td>(f) Method</td>
<td>(g) Depreciation deduction</td>
</tr>
<tr>
<td>20a</td>
<td>Class life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>12-year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>40-year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section C**—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Classification of property</td>
<td>(b) Month and year placed in service</td>
<td>(c) Basis for depreciation (business/investment use only—see instructions)</td>
<td>(d) Recovery period</td>
<td>(e) Convention</td>
<td>(f) Method</td>
<td>(g) Depreciation deduction</td>
</tr>
<tr>
<td>20a</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>12-year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>40-year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part IV**  
**Summary** (See instructions.)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>Listed property. Enter amount from line 28</td>
</tr>
<tr>
<td>22</td>
<td>Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22</td>
</tr>
<tr>
<td>23</td>
<td>For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23</td>
</tr>
</tbody>
</table>