Department of the Treasury Internal Revenue Service

#### EXTENDED TO NOVEMBER 15, 2019

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.

<del>18</del>

Open to Public Inspection

	A F	or the	2018 calendar year, or tax year beginning and	ending				
	B c	heck if	C Name of organization		D Employer identific	ation number		
	Γ.	Addre:	HOPE PARTNERS INTERNATIONAL					
	X	Name			23-70	88912		
		Initial		Room/suite	E Telephone number			
5		Final return/	810 CALLE PLANO	·				
<b>-</b>		termin ated			G Gross receipts \$	345-4673 1,536,861.		
7		Amend			H(a) Is this a group ref	turn		
		Applic	F Name and address of principal officer ANDREW SIIMER	_	for subordinates?	Yes X No		
		pendir	SAME AS C ABOVE	<u></u>	H(b) Are all subordinates inc	cluded? Yes No		
			empt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) o	or 527	If "No," attach a I	ist (see instructions)		
			e: > WWW.HOPEPARTNERS.ORG		H(c) Group exemption			
			organization: X Corporation	L Year	of formation: 1969 M	State of legal domicile: AZ		
,	Pa	rt I	Summary					
•	မွ		Briefly describe the organization's mission or most significant activities. THE					
! !	Jan		PURPOSE OF GLORIFYING GOD, HONORING HIS I					
	Activities & Governance		Check this box  I if the organization discontinued its operations or dispos	sea or more	1.1			
	Ĝ		Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)		3 4	6 4		
	ళ		Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	<u> </u>		
	iţie		Total number of volunteers (estimate if necessary)		6	950		
	Çį		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
	۷		Net unrelated business taxable income from Form 990-T, line 38		1 7b	0.		
				ED	Prior Year	Current Year		
	ی	8	Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)		ი\ 883,755.	888,927.		
	E I	9	Program service revenue (Part VIII, line 2g)	1000	O\ 535,345.	647,934.		
	Revenue	10	investment income (Part VIII, column (A), lines 3, 4, and 7d) 🚶 🥛 🔉 🕻	) 5015 I	\0\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u> </u>		
	-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and tell (SEF		JE 0.	<u> </u>		
		12	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	اللا رادة	1,419,117.	1,536,861.		
		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		220,079.	259,374.		
			Benefits paid to or for members (Part IX, column (A), line 4)	}_	213,669.	<u>0.</u> 274,766.		
	Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	2/4,/60.		
	be		Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)	57				
	N N		Total fundraising expenses (Part IX, column (D), line 25)   38,89  Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<del></del>	686,478.	737,619.		
)	l		Total expenses Add lines 13 17 (must equal Part IX, column (A), line 25)	-	1,120,226.	1,271,759.		
			Revenue less expenses Subtract line 18 from line 12		298,891.	265,102.		
•	Net Assets or Fund Balances			Be	ginning of Current Year	End of Year		
	alan	20	Total assets (Part X, line 16)		1,894,060.	2,159,403.		
	d As	21	Total liabilities (Part X, line 26)		31,538.	31,779.		
;	ᆲ		Net assets or fund balances Subtract line 21 from line 20		1,862,522.	2,127,624.		
		rt II	Signature Block		<del></del>			
			lties of perjury, I declare that I have examined this return, including accompanying schedule:			knowledge and belief, it is		
	true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nch preparer	has any knowledge.	15		
	٠.		Signature of officer		Date			
	Sigr				Date			
	Here	9	ANDREW STIMER, PRESIDENT  Type or print name and title	<del>\ ,                                   </del>	<del> </del>	<del></del>		
-				1 17	Date Check	]  PTIN		
	Paid		Print/Type preparer's name  MONICA J. STERN, CPA  Archaror's signature	r V	9/18/19 of self-employed	<b>-</b> 1		
	Prep		Firm's name MONICA J. STERN, CPA, PLLC	<u> </u>	Firm's EIN	77-0602105		
	Use	,	Firm's address 11225 NORTH 28TH DRIVE, SUITE A	100				
		_	PHOENIX, AZ 85029-5608		Phone no. ( 6 0	2) 674-8226		
اِ م	Мау	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No		
		1 12-3		ons.		Form <b>990</b> (2018)		

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Other program services (Describe in Schedule O.)

Total program service expenses

3,545 • including grants of \$

Form 990 (2018) HOPE PARTNERS INTERNATIONAL
Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1_	X	$\vdash$
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	,		x
4	public office? If "Yes," complete Schedule C, Part I	3_		
7	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-	<del></del> -	
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		<del> </del> -	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	ı		
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10_		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441		v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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	11c		х
ч	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	110		-12
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446	х	
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	Α_	
19	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
. •	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19_		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_		X

Form 990 (2018) HOPE PARTNERS INTERNATIONAL
Part IV Checklist of Required Schedules (continued)

	•		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
_	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			77
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	^	
30	contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30	<u> </u>	
31	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
32	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form 990 (2018) HOPE PARTNERS INTERNATIONAL

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements.  1b If all least one a reported on line 2a, did the organization file all required federal employment tax returns?  2b If will least one a reported on line 2a, did the organization file all required federal employment tax returns?  2c If will least one a reported on line 2a, did the organization file all required federal employment tax returns?  2c If will least one a reported on line 2a, did the organization file all required federal employment tax returns?  2c If will least one a reported on line 2a, did the organization file of the company of the c				Yes	No						
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a If Yes, has it filed a Form 890-T for this year? If "Not is time 3b, provide an explanation in Schedule O  3b If "Yes, and organization have unrelated business gross income of \$1,000 or more during the valended year, did the organization flow an interest in, or all spatiative or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account). So If "Yes," in the financial account in a foreign country (such as a bank account, securities account, or other financial account). So If "Yes is the financial account in a foreign country. So If "Yes is to line 5 are 5b, did fine organization that it was or is a party to a prohibeted tax and the return section?  5b If "Yes," old the organization that it was or is a party to a prohibeted tax sheller transaction?  5c If "yes is the sax or 5b, did the organization the fire m88861"  5c Obset 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 in a charatable contributions?  5c Organizations that may receive deductible contributions under section 170(c).  5d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charatable contributions?  6c Organizations that may receive deductible contributions under section 170(c).  7d Organizations and the may receive deductible contributions under section 170(c).  8d If "Yes," indicate the number of Forms 822 filed during the year of the organization received a contribution of undersoly, on a personal benefit contract?  7d If "Yes," indicate the number of Forms 822 filed during the year of the organization received a contribution of undersoly of the	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return  2a 4									
3a Dd the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has it fied a Form 990-Trio this year? If "No" to fine 3b, provide an explanation in Schedule O  4a Al any time during the calendary 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, securines account, or other financial account).  5b If "Yes," interest the name of the foreign country.  5c Was the organization for fino (Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c Was the organization in the foreign country.  5c Was the organization for the organization the form 886-T?  6c Obes the organization than to regardation the form 886-T?  6c If "Yes" to line 5a or 5b, did the organization the form 886-T?  6c Obes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as charitable contributions?  6c Was the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solicit were not tax deductible?  6c Organizations that may receive deductible contributions under section 170(c).  6c Under the organization receive a payment in excess of \$75 made partly as a contribution of any arity for goods and services provided to the payor?  6c Under the organization receive a protein the form \$820 from \$820 fr	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
b If "Yes," has it field a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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)?  b If "Yes," either the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR) 5a Was the organization a party to a prohibeded tax shelter transaction at any time during the tax year? 5b Dd any taxable party nority the organization that it was or is a party to a prohibed tax shelter transaction?  c If "Yes" to line 5a or 5b, did the organization file Form 8886-7?  d Does the organization and anotal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization in circle with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  b) the organization sective apyment in excess of 35 made party sa contribution and party for goods and services provided?  b) the organization sective apyment in excess of 35 made party sa contribution and party for goods and services provided to the payor?  7b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7c If Yes," did the organization sell, exchange, or otherwise dispose of fanophy personal property for which it was required to file Form 8282? filed during the year  e) Did the organization sell, exchange, or therewes dispose of fanophy personal property for which it was required to file Form 8282; filed during the year  e) Did the organization during the year, pay premiums, directly or indirectly, on a personal beneft contract?  7c X  f) Unified for Form 8282; for the organization file		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
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 bar account, securities account, or other financial accountly?  5a was the organization aparty to a prohibited tax sheller fransaction at any time during the tax year?  5a Was the organization of the foreign country to a prohibited tax sheller transaction?  5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization short any contributions that tweer not tax deductible as charitable contributions?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that there is not tax deductible as charitable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Organizations that may receive deductible contributions under section 170(c).  8d bit the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9d Organizations that may receive deductible contributions under section 170(c).  8d bit the organization receive applient in excess of \$75 made partly so contribution and partly for goods and services provided to the payor?  9d If "Yes," indicate the number of Forms 8282 filed during the year  9d If "Yes," indicate the number of Forms 8282 filed during the year  17d July 17d In the organization received a contribution of curity or indirectly, to pay premiums on a personal benefit contract?  7e X  7f Did the organization during the year pay premiums, directly or indirectly, on a personal benefit contract?  7e X  7f Did the organization means an expression benefit contract?  7e X  7f Did the organization means and express holdings at any time during the year  17d July 17d	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>						
triancial account in a foreign country (such as a bank account, securities account, or other financial account)?  b if "Yes," enter the name of the foreign country. ▶  See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b. Did any taxable party northy the organization that it was or is a party to a prohibited tax shelter transaction?  6c. If "Yes," to line Sa or 5b, did the organization file Form 8886-17?  7b. Does the organization and annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charable contributions?  6c. Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c. Organizations that may receive deductible contributions under section 170(c).  8d. Did the organization receive a payment in excess of \$75 made party as a contribution of quantities of the payor?  8d. If "Yes," did the organization nority the donor of the value of the goods or services provided?  9d. Did the organization received accontage, or otherwise dispose of trangible personal property for which it was required to file Form 8282?  9d. If "Yes," indicate the number of Forms 8282 filed during the year  9d. If "Yes," indicate the number of Forms 8282 filed during the year  9d. If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  9d. If the organization received a contribution of qualified intellectual property, did no organization file Form 8999 as required?  9d. If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098-C?  9d. Sponsoring organization make any taxable distributions under section 4986?  9d. Did the sponsoring organization make and distributi			3b								
b if "Yes," enter the name of the foreign country. ▶  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5a Was the organization party to a prohibited tax shelter transaction?  5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line Sa or 5b, did the organization thin Form 888-77  5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d bit the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282?  7d If "Yes," include the number of Forms 8282 filed during the year  9d bit the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282?  1 If "Yes," include the number of Forms 8282 filed during the year  9d bit the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  77 X  78 Sponsoring organization received a contribution of cars, boats, anylanes, or other vehicles, did the organization file a Form 1098-C?  7h If the organization received a contribution of cars, boats, anylanes, or other vehicles, did the organization file a Form 1098-C?  78 Sponsoring organization maintaining donor advised funds. Did a donor advised fund by the sponsoring organization maintaining donor advised funds. Did a donor advised fund file organization file a Form 1098-C?  79 Sponsoring organization maintaining donor advised funds. Did a donor advised fund file organization file a Form 1098-C?  80 Section 501(c)(T2) organization ma	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
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a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  13b  13c  14a X  14a X  15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  16 Yes," see instructions and file Form 4720, Schedule N.  18 It "Yes," see instructions and file Form 4720, Schedule O	0		<u> </u>								
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 105 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 15 Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 15 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 16 If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 If "Yes," complete Form 4720, Schedule O		• • •	92								
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O			15	ļ							
If "Yes," complete Form 4720, Schedule O					v						
	16		16								
		It "Yes," complete Form 4/20, Schedule O	Form	990	(2018)						

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

	, , , , , , , , , , , , , , , , , , , ,			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year  [1a]  [6]	}	ŀ	
	If there are material differences in voting rights among members of the governing body, or if the governing		] ,	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b  4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_	٠,,	
_	officer, director, trustee, or key employee?	2	X	ļ
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		1,7
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			Х
_	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			х
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		х	
a b	The governing body?  Each committee with authority to act on behalf of the governing body?	8a 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	on	A	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
	tion Discovery (This seed on Diseases and matter about policies not required by the internal nevertae society		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100_		
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
þ	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA		<del></del>	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ıble
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website 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	l finan	cıal	
	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			
	THE ORGANIZATION - 888-345-4673			
	810 CALLE PLANO. CAMARILLO. CA 93012			

## 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 compensa						ed any current officer, o	director, or trustee.	<del></del>		
(A)	(B)	1	(C)					(D)	(E)	(F)		
Name and Title	Average	(do		Position not check more th				Reportable	Reportable	Estimated		
	hours per	box	box, unless person is both at officer and a director/trustee			is bot	h an	compensation	compensation	amount of		
	week	<del></del>	Cer ar		I ecit	. 55.5711 051		from	from related	other		
	(list any	lect						the	organizations	compensation from the		
	hours for related	9	g g			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization		
	organizations	is is	lt us		92			(***271099*****100)		and related		
	below	뺼	tou	_	9	호호	_			organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	F					
(1) ANDREW STIMER	20.00								<u></u>			
PRESIDENT		X	_	X	<u> </u>	lacksquare		0.	0.	0.		
(2) ANTHONY NAIMO	20.00							_				
EXEC DIR, SECRETARY/TREASURER		X	L	X		ļ		0.	0.	23,000.		
(3) ROBERT K. NOWERY	40.00				İ							
VICE PRESIDENT AND C.O.O.	<del></del>	X		Х		┡		58,948.	0.	50,000.		
(4) BRIAN AABY	4.00						i					
BOARD MEMBER		X			ļ.,	<u> </u>		0.	0.	0.		
(5) TIMOTHY ELDRED	4.00											
BOARD MEMBER	4 - 00	X	_		_	├	<u> </u>	0.	0.	0.		
(6) ANGEL DELEON	4.00							•				
BOARD MEMBER SINCE 9-24-18		X		H	<u> </u>	⊢		0.	0.	0.		
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	(A) Name and title	(B) Average hours per		Po do not ched) oox, unless			than		(D) Reportable compensation	es (continued) (E) Reportable compensation			(F) timate	_	
	)	week (list any hours for related organizations below line)	officer and a di			ployee		tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		other compensa from th organizat and relat organizati		ition e ion ed	
													_		
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—											-				
1b	Sub-total							<u> </u>	58,948.		0.	7:	3,0	00.	
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A					ĺ		0. 58,948.		0.		3,0	0.	
2	Total number of individuals (including but r	not limited to th	ose	liste	d at	oove	) wh	io re					,,,,	0	
_	compensation from the organization							_					Yes	No	
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s		ıstee	e, ke	y en	nplo	yee,	or h	nighest compensated ei	mployee on		3		X	
4	For any individual listed on line 1a, is the sand related organizations greater than \$15	•								the organization		4		х	
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue comper	nsatı	on f	rom	any	unre			dual for services		5		х	
Sec	tion B. Independent Contractors												l		
1 —	Complete this table for your five highest co the organization Report compensation for										ensat	tion fr	om		
	<b>(A)</b> Name and business	address	NC	NE	2				<b>(B)</b> Description of s	ervices	Со	(C mper	) Isatior	n	
									,			•			
		· · · · · · · · · · · · · · · · · · ·	-												
—					•			+			-				
								$\dashv$						-	
	Total number of independent contractors (	uncluding but n	ot lir	nut o	- 4 4 - 1	thor		tod	ahove) who received m	ore then		-			
2	Total number of independent contractors (	including but it	Ot III	HILE	סו נ	uios	96 112	rea	above) who received in	ore man					

		Check if Schedule O cont	ains a response	or note to any lin				
	_	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
ıts	1 a	Federated campaigns	1a					
irar		Membership dues	1b					
S,E		Fundraising events	1c	·				
a it		Related organizations	1d					
S, E		Government grants (contribut						
ig is	f							
t be		similar amounts not included abo		888,927.				
E O	9	Noncash contributions included in lines	1a-1f \$	250,000.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		<b>•</b>	888,927.			
				Business Code				
Program Service Revenue	2 a b			900099	647,934.	647,934.		
E S	c					-		<del> </del>
Rea	d				<del>-</del>	-	-	<del> </del>
<u>و</u> ا	e							<del>-</del>
_		All other program service reve	nue		647,934.			
$\dashv$		Total. Add lines 2a-2f	dundondo más r	eat and	047,934.			<del></del>
	3	Investment income (including	dividends, inter	est, and				
	4	other similar amounts)	v avamet hand r	proceeds				<del> </del>
	4 Income from investment of tax-exempt bond proceeds 5 Royalties							<del></del>
	3	noyalles	(ı) Real	(II) Personal				<del></del>
	6 a	Gross rents	(y riear	(ii) i ersoriai				'
	b							
	c	- · · · · · · · · · · · · · · · · · · ·						
l	d			<b>•</b>	ì		-	
		Gross amount from sales of	(i) Securities	(II) Other				<del></del>
		assets other than inventory	() COCCIII.	1,0,0,1,0,1				
	b	Less cost or other basis						
		and sales expenses						
	c	Gain or (loss)						
	d			<b></b>				
o l	8 a	Gross income from fundraising	g events (not					
anue		including \$	of					
ě		contributions reported on line	1c) See					
<u> </u>		Part IV, line 18	а					
Other Reve	b	Less direct expenses	b					}
~	c	Net income or (loss) from fund	fraising events	<b></b>				
	9 a	Gross income from gaming ac	tivities See					
		Part IV, line 19	а					
ĺ	b	Less direct expenses	b			İ		
- 1		Net income or (loss) from gam						
į	10 a	Gross sales of inventory, less	returns	1		İ		
I		and allowances	а					
	b	Less cost of goods sold	b	L				
}	c	Net income or (loss) from sale						
-		Miscellaneous Revenu	e	Business Code				
	11 a			<b></b>				<del></del>
	b							<del>                                     </del>
	C						·	<del> </del>
	d	All other revenue				<del></del>	····	
		Total. Add lines 11a-11d			1 526 061	647 024		+
	12_	Total revenue See instructions		<u> </u>	1,536,861.	647,934.	0	. 0.

# Form 990 (2018) HOPE PARTNERS INTERNATIONAL Part IX Statement of Functional Expenses

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

Secti	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			mpiete column (ry	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Managèment and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	İ			
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				,
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	<u>259,374.</u>	259,374.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	131,948.	94,058.	13,800.	24,090.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	140 010	140 010		
7	Other salaries and wages	142,818.	142,818.		<del></del> .
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10 11	Payroll taxes Fees for services (non-employees)				
	Management				
a b	Legal				
	Accounting	12,036.		12,036.	
	Lobbying	22/0301		== / 0000	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	""				
J	column (A) amount, list line 11g expenses on Sch O.)	1,449.	1,449.		
12	Advertising and promotion	5,895.			5,895.
13	Office expenses	23,404.	51.	18,182.	5,171.
14	Information technology	3,155.	840.	374.	1,941.
15	Royalties				
16	Occupancy				
17	Travel	684,752.	683,720.		1,032.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				202
19	Conferences, conventions, and meetings	1,169.	556.	278.	335.
20	Interest	141.		141.	<u> </u>
21	Payments to affiliates	2 045	2 0 6 5		0.0
22	Depreciation, depletion, and amortization	3,945.	3,865.		80.
23	Insurance	550.		550.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PENALTIES	545.		545.	
b	SUPPLIES	313.			313.
С	LICENSES AND PERMITS	265.		265.	
d					
е	All other expenses	·			
25	Total functional expenses Add lines 1 through 24e	1,271,759.	1,186,731.	46,171.	38,857.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined	}			
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				- 000
					Form <b>990</b> (2018)

Form 990 (2018)
Part X Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
		·	<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	142,072.	1_	161,493.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,740.	4	12,810.
	5	Loans and other receivables from current and former officers, directors,	-		
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L	8,906.	5	
	6	Loans and other receivables from other disqualified persons (as defined under		•	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	1	employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use	427,459.	8	426,161.
	9	Prepaid expenses and deferred charges	504.	9	504.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 49,407.			
	b	Less accumulated depreciation 10b 45,159.	8,192.	10c	4,248.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	<u> </u>
	14	Intangible assets		14	<u> </u>
	15	Other assets See Part IV, line 11	1,304,187.	15	1,554,187.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,894,060.	16_	2,159,403.
	17	Accounts payable and accrued expenses	1,958.	17	2,508.
	18	Grants payable	<u> </u>	18	 
	19	Deferred revenue	18,235.	19	25,905.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	<u> </u>
es	22	Loans and other payables to current and former officers, directors, trustees,			
Ħ		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	11,345.	25	3,366.
	26	Total liabilities. Add lines 17 through 25	31,538.	26	31,779.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.			i
au	27	Unrestricted net assets	1,743,239.	27	1,973,880.
Bal	28	Temporarily restricted net assets	119,283.	28	153,744.
פ	29	Permanently restricted net assets		29	<del></del>
Œ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
õ		and complete lines 30 through 34.			-
sets	30	Capital stock or trust principal, or current funds	<del></del>	30	<u> </u>
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<del></del>
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
4	33	Total net assets or fund balances	1,862,522.	33	2,127,624.
	34	Total liabilities and net assets/fund balances	1,894,060.	34	2,159,403.

Form **990** (2018)

Form	1990 (2018) HOPE PARTNERS INTERNATIONAL	<b>43</b> -	7088	914	Рa	ge 12
Pa	rt XI Reconciliation of Net Assets			-	_	
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1 _	1	,53	6,8	61.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,27	<u>1,7</u>	<u> 59.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		26	5,1	02.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	,86	2,5	22.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	2	,12	7,6	24.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u> </u>
				_	Yes	No
1	Accounting method used to prepare the Form 990 CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	}			}
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	<u>X</u> _	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both.					
	X Separate basis Consolidated basis Both consolidated and separate basis		Ì			
b	Were the organization's financial statements audited by an independent accountant?			<u>2b</u>		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,	ľ			
	consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,				i
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			_		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Aud	ıt			
	Act and OMB Circular A-133?			3a_		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	ıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		1

Form **990** (2018)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

**Employer identification number** Name of the organization 23-7088912 HOPE PARTNERS INTERNATIONAL Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv), (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) 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 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 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. ☐ 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. 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. 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. 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 Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other (i) Name of supported (III) Type of organization (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 HOPE PARTNERS INTERNATIONAL 23-7088912 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and					-	
	membership fees received. (Do not						
	include any "unusual grants ")	1159317.	260,410.	783,953.	883,755.	888,927.	3976362.
2	Tax revenues levied for the organ-		,				
	ization's benefit and either paid to	1					
	or expended on its behalf						
3	The value of services or facilities			-			
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1159317.	260,410.	783,953.	883,755.	888,927.	3976362.
	The portion of total contributions						
	by each person (other than a	ĺ					
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the	}				İ	
	amount shown on line 11.						
	column (f)						1954194.
6	Public support. Subtract line 5 from line 4	·					2022168.
Sec	ction B. Total Support						ZUZZIUU.
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	1159317.	260,410.	783,953.	883,755.	888,927.	3976362.
	Gross income from interest,	1133317.	200/4100	70373331	000,7000	000,527.	33703021
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		28.		17.		45.
۵	Net income from unrelated business		20.				<u> </u>
•	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI )						
11	Total support. Add lines 7 through 10						3976407.
	Gross receipts from related activities,	oto /soo instructiv			·	12 1	,183,294.
	First five years. If the Form 990 is for	•		d fourth or fifth to	ly year as a section		,103,234.
10	organization, check this box and stop	-	inst, second, triii	a, tourin, or marta	ix year as a section	1301(0)(3)	
Sec	etion C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2018 (I			olumn (fl)		14	50.85 %
	Public support percentage from 2017		•	0.0 (1)		15	47.92 %
	33 1/3% support test - 2018. If the c			line 13, and line 1	ا 14 is 33 1/3% or m		
	stop here. The organization qualifies	•			, , , , , , , , , , , , , , , , , , , ,		<b>▶</b> X
h	33 1/3% support test - 2017. If the c		•		line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual				11/10 10 13 00 17070	or more, encor an	
172	10% -facts-and-circumstances tes	•	• •		13 16a or 16b =	and line 14 is 10%	or more
17 a	and if the organization meets the "fac	•					*
	meets the "facts-and-circumstances"			•	•	. vi now the organ	.2411011
l.		-	•	•	-	7a and line 15 is :	10% or
D	10% -facts-and-circumstances test	-					
	more, and if the organization meets the				•		
10	organization meets the "facts-and-circ		•	•	•		
10	Private foundation. If the organization	n did not check a t	oux on line 13, 16a	i, 100, 17a, or 17b	, check this box a	na see instructions	<u> </u>

Schedule A (Form 990 or 990 EZ) 2018 HOPE PARTNERS INTERNATIONAL

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

	(Complete only if you checked	the box on line 1	0 of Part I or if the	organization failed	d to qualify under f	Part II If the organi	zation fails to
	qualify under the tests listed be	elow, please com	plete Part II.)				
Sec	ction A. Public Support			<del></del>	<del>,</del>	<del>,</del>	
	ndar year (or fiscal year beginning in) 🖊	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	/_(f) Total
1	Gifts, grants, contributions, and			1			Y
	membership fees received (Do not					/	]
	include any "unusual grants.")					<del>                                     </del>	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that				·	/	
٠	are not an unrelated trade or bus-					/	
	iness under section 513					/	
4	Tax revenues levied for the organ-	-					
	ization's benefit and either paid to					/	
	or expended on its behalf				_	/	
5	The value of services or facilities						
	furnished by a governmental unit to		İ		/	1	1
	the organization without charge				/		
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and		1				ļ
	3 received from disqualified persons				/_		
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						
c	Add lines 7a and 7b				7		
8	Public support. (Subtract line 7c from line 6)				1		
	tion B. Total Support				7		*
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6			/	<b>/</b>		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)			1/	<u> </u>	L	
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd/, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organiz	zation,
	check this box and stop here			/			
Sec	tion C. Computation of Public	c Support Pe	rcentage			<del></del>	
15	Public support percentage for 2018 (lin	ne 8, column (f), c	divided by line 13/	column (f))		15	%
	Public support percentage from 2017					16	%
Sec	tion D. Computation of Inves	tment Incom	<u>e Percentage</u>	) <u> </u>			<del></del>
17	Investment income percentage for 201	<b>18 (</b> line 10c, colur	nn (f), divided þy l	line 13, column (f))		17	%
	Investment income percentage from 2		,			18	%
19a	33 1/3% support tests - 2018. If the						17 is not
	more than 33 1/3%, check this box an	-					▶
b	33 1/3% support tests - 2017. If the o		1				and
	line 18 is not more than 33 1/3%, chec						▶∟
20	Private foundation, If the organization	did not check a	box on line/14, 19	a, or 19b, check the		- ***	
2200	2 10-11-10		1		Sch	edule A (Form 990	or 990-FZ\ 2018

#### Part IV | Supporting Organizations

Section A. All 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.)

4	Are all of the erganization's comparted erganizations listed by name in the erganization's governing

- 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?
- 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

-		Yes	No
	1		
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	Sa		
	3b	-	
	3c	-	<del></del> ,
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	4b		
	 4c		•
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	9a	-	
	9b		-
	9c		<u> </u>
	40-		
	10a		
	10b 90 or 99	0 EZ	2010
iiii 9	อบ บา ฮะ	U-C4	4010

Schedule A (Form 990 or 990-EZ) 2018 HOPE PARTNERS INTERNATIONAL 23-7088912 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check'here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities 1a 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 035 Recoveries of prior-year distributions 7 7 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 2 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

instructions)

Schedule A (Form 990 or 990-EZ) 2018

Part VI See instructions

Breakdown of line 7
 Excess from 2014
 Excess from 2015
 Excess from 2016
 Excess from 2017
 Excess from 2018

and 4c

Excess distributions carryover to 2019. Add lines 3j

Schedule A	(Form 990 or 990-EZ) 2018 HO	PE PARTNERS	INTERNATIONAL	23-7088912 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b line 1, Part IV, Section D, lines 2	<b>on.</b> Provide the expla , 3c, 4b, 4c, 5a, 6, 9a, and 3, Part IV, Section	anations required by Part II, I 9b, 9c, 11a, 11b, and 11c; I on E, lines 1c, 2a, 2b, 3a, and	one 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section B, lines 1 and 2; Part IV, Section C, d 3b, Part V, line 1, Part V, Section B, line 1e, Part V, e this part for any additional information
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### **SCHEDULE D**

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB\_No\_1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 23-7088912

Schedule D (Form 990) 2018

Pa	rt I Organizations Maintaining Donor Advise		s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		······································
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)	-	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds
•	are the organization's property, subject to the organization's	<del>-</del>	Yes No
6	Did the organization inform all grantees, donors, and donor a	-	
Ū	for charitable purposes and not for the benefit of the donor o	<u> </u>	•
	impermissible private benefit?	, construction, at the day and purpose	Yes No
Pa		janization answered "Yes" on Form 990,	
1	Purpose(s) of conservation easements held by the organization		
-	Preservation of land for public use (e.g., recreation or e	· — · · · · · · · · · · · · · · · · · ·	orically important land area
	Protection of natural habitat	· —	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
	year ▶	•	
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	: holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ition easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└ Yes
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
Γ=-	conservation easements		
Pa	t III Organizations Maintaining Collections of	•	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	<del></del>	
1a	If the organization elected, as permitted under SFAS 116 (AS	,	·
	historical treasures, or other similar assets held for public exh	libition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>\$</b>
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financia	il gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>▶</b> \$

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

		RTNERS INT							88912	
Pa	rt III   Organizations Maintaining C									
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	at are a s	ignificant	use of its	collection	items
	(check all that apply).									
а	X Public exhibition	•	a XX	Loan or exc	hange progr	ams				
b	X Scholarly research	•	• [_]	Other						
С	X Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how t	hey further t	he organızat	ion's exe	mpt purp	ose in Par	t XIII	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	ier simila	r assets		_	
	to be sold to raise funds rather than to be m								_ Yes	X No
Pa	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" or	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other as	ssets not	included		_	
	on Form 990, Part X?							<u> </u>	_ Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table <sup>.</sup>				<del>,</del> .		
								ļ	Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f	L		
	Did the organization include an amount on F						-		」Yes	L N₀
	If "Yes," explain the arrangement in Part XIII									
Pai	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" on Fo						
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance								ļ	
b	Contributions				<u> </u>				<u> </u>	
С	Net investment earnings, gains, and losses									
d	Grants or scholarships	ļ				}				
е	Other expenditures for facilities								1	
	and programs									<del></del>
f	Administrative expenses		ļ		ļ		<del></del>			<del></del>
g	End of year balance		L		<u> </u>	l			<u> </u>	
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as					
	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organiz	ation the	at are held a	nd administe	ered for t	he organi	zation	Γ.	
	by.									<u>res No</u>
	(i) unrelated organizations								3a(ı)	<del></del>
	(ii) related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza	•							3b	
<u>4</u>	Describe in Part XIII the intended uses of the		owment	tunds						
Par			0.0-4.0	/ h 44 - 6	) <b>-</b> 00/	0 D-4 V	baa 40			
	Complete if the organization answere					_			/ n 5 ·	
	Description of property	(a) Cost or o			or other		ccumulati preciation		(d) Book	√aíue
	I and I	basis (investi	nent)	Dasis	(other)	uel	preciation			
	Land	<del></del>		··		<u> </u>				
b	Buildings						<del></del>			
C	Leasehold improvements	<del></del>			<del></del>					
d	Equipment	<del></del>			0 407	<u> </u>	<u> </u>	<u> </u>		240
-					9,407.		45,1	23.		,248.
<u>ı otal</u>	. Add lines 1a through 1e (Column (d) must e	iquai ⊢orm 990, Part	X, colur	<u>กก (B), line 1</u>	UC )				4	<u>,248.</u>

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				1 -6
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation Cost or end	l-of-year market value
(1) Financial derivatives			<del></del> -	
(2) Closely-held equity interests		<del></del>		· · · · · · · · · · · · · · · · · · ·
(3) Other	<del></del>	<del>-                                    </del>	<del></del>	<del></del>
(A)		<del> </del>		<del></del>
(B)			· · · · · · · · · · · · · · · · · · ·	
(C)			<del>-</del>	· · · · · · · · · · · · · · · · · · ·
(D)	<del> </del>			
(E)				
			· · · · · · · · · · · · · · · · · · ·	<del></del>
(H)			<del></del>	
Total. (Col. (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 Y line 13	
(a) Description of investment	(b) Book value			l-of-year market value
	(2)			
(2)	<del></del>		<del></del>	<del></del>
	<del></del>		- <del></del>	· ·········
(4)	····			<del></del>
(5)		-		
(6)				
_ (8)				
_ (9)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11d See Form 990,	Part X, line 15	
(a) [	Description			(b) Book value
(1) COLLECTION ITEMS				1,552,550.
(2) RECEIVABLE FROM INTERNAL 1	REVENUE SE	RVICE		<u> </u>
(3)				
(4)		<del></del>		
(5)		<del></del>		
(6)	<u> </u>			
(7)	<del></del>			
(8)				
(9)				1 554 105
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)	<del> </del>		1,554,187.
Part X Other Liabilities.	5 000 5 10		000 5	
Complete if the organization answered "Yes" (  1 (a) Description of liability	on Form 990, Part IV		n 990, Part X, line 25	<del></del>
······································		(b) Book value		
(1) Federal income taxes		2 266		
(2) CREDIT CARD		3,366.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990, Part X, col (B) line	25)	3,366.		
Total (Sold in to) most equal to the 330, Tate A, cor (b) line		3,300.		

<sup>2.</sup> 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. Schedule D (Form 990) 2018

	dule D (Form 990) 2018 HOPE PARTNERS INTERNATIONA		23-7088912 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per F	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	·	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	2a	_
b	Donated services and use of facilities	2b	_
С	Recoveries of prior year grants	2c	_
d	Other (Describe in Part XIII )	2d	_
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_
b	Other (Describe in Part XIII)	4b	i i
С	Add lines 4a and 4b		4c
_5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	nents With Expenses per	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	2a	
b	Prior year adjustments -	2b	7
С	Other losses	2c	7
d	Other (Describe in Part XIII )	2d	<b>1</b>
	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII )	4b	7
	Add lines 4a and 4b		4c
5			5
_	t XIII Supplemental Information.		1.91
	de 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.
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add		1, 1, 2, 1, 1, 1, 2, 1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
	20 and 10, and 1 are 7m, miles 20 and 10 7 mod complete time part to provide any add		
PAI	RT III, LINE 4:		
THE	COLLECTION CONSISTS SOLELY OF ITEMS HELD	FOR FUTURE USE	IN EDUCATING
THE	PUBLIC ON THE BIBLE.		
PAF	RT X, LINE 2:		
EFE	ECTIVE MAY 1, 2011, THE ORGANIZATION IMPL	EMENTED NEW ACC	OUNTING
GU]	DANCE RELATED TO UNCERTAIN TAX POSITIONS.	USING THAT GUII	DANCE, TAX
PRO	OVISIONS INÍTIALLY NEED TO BE RECOGNIZED I	N THE FINANCIAL	STATEMENTS
WHE	N IT IS MORE-LIKELY-THAN-NOT THAT THE POS	ITION WILL NOT B	BE SUSTAINED
	21 20 11012 21122 11121 1101 1101 1101		
IJΡĆ	ON EXAMINATION BY THE TAX AUTHORITIES.		
<u> </u>			
AS	OF DECEMBER 31, 2018, THE ORGANIZATION HA	D NO UNCERTAIN	TAX POSITIONS
ТНА	AT QUALIFY FOR EITHER RECOGNITION OR DISCL	OSURE IN THE FIN	NANCIAL
	40 CO 40		Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 HOPE PARTNERS INTERNATIONAL	23-7088912 Page 5
Part XIII   Supplemental Information (continued)	
STATEMENTS. THE ORGANIZATION WILL RECOGNIZE FUTURE ACCRUEI	INTEREST AND
PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INCOME T	TAX EXPENSE IF
INCURRED. THE ORGANIZATION BELIEVES IT HAS HAD NO UNRELATE	ED BUSINESS
INCOME AND THEREFORE, HAS NOT FILED UNRELATED BUSINESS INC	COME TAX RETURNS.
	<del>-</del>
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## SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public

Inspection

Name of the organization

Employer identification number

HOPE PARTNERS I					23-708893	
Part I General Info	rmation on A	ctivities Ou	tside the United States. Comple	ete if the organiz	ation answered "	Yes" on
Form 990, Part IV	/, line 14b			- · · ·	·	
<ol> <li>For grantmakers. Does</li> </ol>	the organization	n maintain recor	ds to substantiate the amount of its gr	ants and other a		_
the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assist	ance? X	Yes No
_	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and oth	er assistance out	side the
United States						
		r	an be duplicated if additional space is i			(0.7.1.1
(a) Region	(b) Number of offices	`employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		y listed in (d) am service,	(f) Total expenditures
	in the region	agents, and independent	gram services, investments, grants to		specific type	for and
		contractors	recipients located in the region)		) in the region	investments in the region
CENTRAL AMERICA AND		in the region	PROGRAM SERVICES - CHURCH	CHURCH PLANT	TNC AND	in the vegicin
THE CARIBBEAN -			BUILDING AND PLANTING,	CONSTRUCTION		
ANTIGUA & BARBUDA,		Į.	EDUCATION AND HUMANITARIAN	COACHING AND		
ARUBA BAHAMAS	٥		RELIEF	FOR LEADERS.		924,007.
SOUTH ASIA -					4. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	
AFGHANISTAN		1	PROGRAM SERVICES -	1		
BANGLADESH, BHUTAN,				OPERATION OF	ORPHANAGE	
INDIA MALDIVES	0	2	RELIEF	AND SCHOOL.		256 154.
SUB-SAHARAN AFRICA -						
ANGOLA, BENIN,			PROGRAM SERVICES -			1
BOTSWANA, BURKINA '			EDUCATION AND HUMANITARIAN	OPERATION OF	ORPHANAGE	
FASO,		0	RELIEF	AND SCHOOL.	•	4,232,
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	-					
3 a Subtotal	0	5				1,184,393,
<b>b</b> Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	l	5				1 184 393

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

Schedule F (Form 990) 2018

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HOPE PARTNERS INTERNATIONAL

Schedule F (Form 990) 2018

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA	CHURCH ASSISTANCE	131,776.	WIRE TRANSFER	0.		
		SOUTH ASIA - AFGHANISTAN,	EVANGELISM, DISCIPLESHIP AND					
		BANGLADESH,	CHRIST-CENTERED	6				
		SIIR-SAHARAN	EVANCEL TSM	121,038.	WIKE TRANSFER	0		
		AFRICA - ANGOLA,	DISCIPLESHIP AND		WIRE TRANSFER			
		BENIN, BOTSWANA,	CHRIST-CENTERED	7	AND HAND			
		BURKINA FASO	COMPASSION.	500.	DELIVERED	0.		
	,							
							-	
2 Enter total number of by the IRS, or for which	recipient organizatio	ns listed above that are insel has provided a sec	Enter total number of recipient organizations listed above that are recognized as charties 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	foreign country,	recognized as tax-ex	empt		

Schedule F (Form 990) 2018

Enter total number of other organizations or entities

က

23-7088912

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HOPE PARTNERS INTERNATIONAL

Schedule F (Form 990) 2018

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

ı	ı	I	1	I	I	1	<u> </u>	1
(h) Method of valuation (book, FMV, appraisal, other)		-						
(g) Description of noncash assistance								
(f) Amount of noncash assistance		_						
(e) Manner of cash disbursement								
(d) Amount of cash grant	,		· · · · · · · · · · · · · · · · · · ·					
(c) Number of recipients								
(b) Region								
(a) Type of grant or assistance (b) Region								

Schedule F (Form 990) 2018

the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain

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

Foreign Partnerships (see Instructions for Form 8865)

Instructions for Form 5713, don't file with Form 990)

Schedule F (Form 990) 2018

Yes X No

Yes X No

6

#### Part V | Supplemental Information

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

PART I, LINE 2:
ALL MISSIONARIES SERVING ON OUR TEAM (BOTH PAST AND PRESENT) HAVE JOINED
HOPE PARTNERS UPON THE RECOMMENDATION OF BOARD MEMBERS OR OTHER TEAM
MEMBERS AND HAVE UNDERGONE VARIOUS INTERVIEW PROCESSES TO ENSURE THAT WE
ARE LIKE-MINDED ON THE ESSENTIALS AND IN AGREEMENT ON MISSION AND VISION.
PARTNERSHIPS WITH ORGANIZATIONS HAVE DEVELOPED OUT OF OPPORTUNITIES
EITHER TO DO MINISTRY MORE EFFECTIVELY OR TO OPEN DOORS TO PLACES OF
MINISTRY FROM WHICH WE WOULD OTHERWISE BE PRECLUDED. WHEN THOSE
SITUATIONS ARISE THERE IS AN INTERVIEW PROCESS WHERE INFORMATION IS
GATHERED AND THEN TAKEN TO THE BOARD FOR DISCUSSION AND A VOTE. THE
EXPENDITURES ARE MONITORED THROUGH FIELD INVESTIGATIONS, PROGRESS UPDATES
AND/OR PICTURES AS WELL AS ORGANIZED TRIPS TO THE MISSION FIELD.
•
PART I, LINE 3:
DIRECT EXPENSES ONLY
PART I, LINE 3, COLUMN (E):
(A) REGION:
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,
(E) SPECIFIC TYPES OF SERVICES IN REGION: CHURCH PLANTING AND
CONSTRUCTION AND COACHING AND TRAINING FOR LEADERS, OPERATION OF
ORPHANAGE AND SCHOOL.

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

**Noncash Contributions** 

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Inspection

Fundamental de martine de mundament

		HOPE PARTNE		23-7088912					
Pa	rt I	Types of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts			ıts
1	Art -	Works of art	X	1	250,000	PRO	FESSIONAL	APPI	RAIS
2	Art ·	Historical treasures							
3	Art ·	Fractional interests							
4	Bool	ks and publications				<u> </u>			
5	Cloth	ning and household goods							
6	Cars	and other vehicles							
7	Boat	s and planes							
8	Intel	lectual property					<u></u>		
9	Secu	ırıtıes - Publicly traded							
10	Secu	ırıtıes - Closely held stock				ļ			
11	Secu	ırıtıes - Partnership, LLC, or							
	trust	interests			- <u></u>				
12	Secu	ırıtıes - Mıscellaneous							
13	Quai	ified conservation contribution -		i					
	Histo	oric structures							
14	Qual	ified conservation contribution - Other							
15	Real	estate - Residential							
16	Real	estate - Commercial				ļ			
17	Real	estate - Other					. <u>.</u>		
18	Colle	ectibles							
19	Food	Inventory							
20	Drug	s and medical supplies			<u></u>				
21	Taxio	dermy							
22	Histo	orical artifacts							
23	Scie	ntific specimens				<u> </u>		_	
24	Arch	eological artifacts	<u></u>			ļ			
25	Othe	r <b>&gt;</b> ()							
26	Othe	r <b>&gt;</b> ()				_			
27	Othe	r • ()							
28_	Othe	<del>/</del>			<u> </u>				
29		ber of Forms 8283 received by the orgai		= :					
	for w	hich the organization completed Form 8	283, Part IV, I	Donee Acknowled	gement 29			1	
							_	Yes	No
30a		ng the year, did the organization receive	•		•	•			1
		hold for at least three years from the da		al contribution, and	which isn't required to be i	used fo	1		
		npt purposes for the entire holding perior	d?				3	0a	<u> </u>
þ		es," describe the arrangement in Part II							
31		the organization have a gift acceptance	•				<u>  -</u>	31	<u> </u>
32a		the organization hire or use third parties	s or related or	rganizations to soli	cit, process, or sell noncash	1			
		ributions?					3	2a	<u> </u>
		es," describe in Part II					}		
33		organization didn't report an amount in	column (c) fo	r a type of property	y for which column (a) is che	ecked,			
	desc	ribe in Part II						- 1	1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

Schedule M	(Form 990) 2018	HOPE	PARTNERS	INTERNATI	ONAL		<u>23-7088912</u>	Page 2
Part II	Supplemental is reporting in Part this part for any ac	l <b>Inform</b> : I. column	ation. Provide the	e information required contributions, the	ired by Part I, lines 30 number of items reco	0b, 32b, and 33, eived, or a comb	and whether the organ	nization omplete
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#### SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

**Employer identification number** 23-7088912

HOPE PARTNERS INTERNATIONAL FORM 990, PART I, LINE 1. DESCRIPTION OF ORGANIZATION MISSION: TRUTH TO PEOPLE OF ALL AGES AND WALKS OF LIFE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: EDUCATION OF THE PUBLIC ON THE BIBLE THROUGH BIBLE EXHIBITIONS FOCUSED ON PROCLAIMING THE TRUTH OF GOD'S WORD AND HIS UNWAVERING FAITHFULNESS. EXPENSES \$ 3,545. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 2: BRIAN AABY, BOARD MEMBER, IS THE SON-IN-LAW OF ANDREW STIMER, PRESIDENT. FORM 990, PART VI, SECTION B, LINE 11B: A COPY OF THE FORM IS PROVIDED TO THE PRESIDENT AND TREASURER FOR REVIEW PRIOR TO FILING. AFTER IT IS FILED, THE ENTIRE BOARD RECEIVES A COPY. FORM 990, PART VI, SECTION B, LINE 12C: ANY PERSON WITH A REAL OR APPARENT CONFLICT OR DUALITY OF INTEREST MAY BE EXCUSED FROM ALL OR A PORTION OF THE DISCUSSION OR DELIBERATIONS WITH RESPECT TO THE SUBJECT OF CONFLICT. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION IS APPROVED BY THE BOARD AFTER A REVIEW OF OTHER NONPROFIT ORGANIZATIONS AND COMPENSATION SURVEYS. FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION WILL MAKE THEIR CURRENT FINANCIAL STATEMENTS AND ANNUAL LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)