Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public Inspection

A F	or the	2013 calendar year, or tax year beginning January 1st , 2013, and ending	December	31st ,20 13		
B 0	heck if a	pplicable: C Name of organization DE	D Employer identification number			
	Address o	change Hope for Our Sisters, Inc	45-4248034			
	Name cha	elephone r	number			
=	nıtıal retu	13 LINCOIN 31.	781-339-0202			
=	Terminate Amended	Group Exe	emption			
=			Number	▶		
G /	Account	ting Method: Cash	:k ▶ 🗹	if the organization is not		
	Vebsite			tach Schedule B		
J T	ах-ехеп	npt status (check only one) — ☑ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Fon	n 990, 99	90-EZ, or 990-PF).		
		organization: 🗹 Corporation 🔲 Trust 🔲 Association 🔲 Other				
		s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	ets			
(Par	t II, col	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. ▶ ;	59,161		
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the inst	ruction	s for Part I)		
		Check if the organization used Schedule O to respond to any question in this Part I .				
	1	Contributions, gifts, grants, and similar amounts received	. 1	50,984		
	2	Program service revenue including government fees and contracts	. 2	0		
	3	Membership dues and assessments	. 3	0		
	4	Investment income	. 4	0		
	5a	Gross amount from sale of assets other than inventory	0			
	b	Less: cost or other basis and sales expenses	0	[
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5с	0		
	6	Gaming and fundraising events	ł			
_	а	Gross income from gaming (attach Schedule G if greater than				
Ę		\$15,000)	0			
Revenue	ь	Gross income from fundraising events (not including \$ of contributions	ļ	İ		
æ		from fundraising events reported on line 1) (attach Schedule G if the				
		sum of such gross income and contributions exceeds \$15,000) 6b	_0			
	С	Less: direct expenses from gaming and fundraising events 6c	<u> </u>			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtractive for the subtr	;t			
	}	line 6c)	· 6d	0		
	7a	— — ——————————————————————————————————	177			
	b		934			
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7с	7,243		
	8	Other revenue (describe in Schedule O)	. 8	0		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	58,227		
	10	Grants and similar amounts paid (list in Schedule O)	10	24,200		
	11	Benefits paid to or for members	1 1	0		
SeS	12	Salaries, other compensation, and employee benefits	0 12 0 13	0		
	13	Occupancy rent utilities and maintenance				
Exper	14	Occupancy, rent, utilities, and maintenance	. 14 S 15	0		
ш	15	Printing, publications, postage, and shipping OGDEN, UT	2 15	1,711		
	16	Other expenses (describe in Schedule O)	16	9,028		
	17	Total expenses. Add lines 10 through 16	17	34,938		
)ts	18 19	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	23,289		
386	פו	end-of-year figure reported on prior year's return)		10.000		
Net Assets	200		19	12,398		
Š	20	Other changes in net assets or fund balances (explain in Schedule O)	. 20			
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	35,687		

Pa	Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗹
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		<i>.</i> [12,398	-	35,399
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)		· · · · · }	12,398	24	288 35,687
25 26	Total liabilities (describe in Schedule O)		· · · · · ·		26	33,087
27	Net assets or fund balances (line 27 of column		n line 21)	12,398		35,687
Par				<u>`</u>	1	···
	Check if the organization used Schedule	•		•	(Bea	Expenses uired for section
What	t is the organization's primary exempt purpose?	Raise awareness and	support for women so	uffering from fistula	501(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the ach program title.	e services provided		4947	nizations and section (a)(1) trusts; optional thers.)
28	These funds were granted to an organization that funds in	fistula surgeries in Ang	ola			
	(Grants \$ 20,000) If this amount			▶ □	28a	20,000
29	These funds were granted to an organization that educat	tes Nepalı healthcare v	vorkers about fistula			1
				***************************************		1
	(Grants \$ 4,200) If this amount	includes foreign gra	unto chock hara		29a	4,200
30	Grants \$ 4,200) It this amount	includes loreign gra	ints, check here .		230	4,200
•		*				
		includes foreign gra	ints, check here .	▶ 🗆	30a	
31	Other program services (describe in Schedule O)					1
		includes foreign gra			31a	
	Total program service expenses (add lines 28a t				32	24,200
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule			•	nstruc	tions for Part IV)
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employ benefit plans, and	0	Estimated amount of ther compensation
- Decel	co Culabian	20	(if not paid, enter -0-)	deferred compensation	1	-
	ke Sulahian dent and Director	20			0	0
	Campbell	3			1	
Direc				o l	0	0
Kriste	en Coats	4				
Direc	tor and Clerk		(ol	0	0
	thy Sulahian	2			İ	
Direc	tor and Treasurer			0	0	0
		ļ		ł	1	
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		1				

Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	ne .	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			П
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		v
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	}		1
	change on Schedule O (see instructions)	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		,
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		_
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	005		<u> </u>
•	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	i i	v
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	١		
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:		i	
а	Initiation fees and capital contributions included on line 9	1		
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	}		
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	700		
Ū	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		,
41	List the states with which a copy of this return is filed ▶ Commonwealth of Massachusetts	100		
42a	_ · · · · · · · · _ · · · · · · · ·	781-33	9-0202	2
		02176		-
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. •	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		V	Na
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
-	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		,

Form 9	90-EZ (2	2013)						F	Page 4	
	D: 1							Yes	No	
46		the organization engage, directly or ir andidates for public office? If "Yes," o						ł	١,	
Part		Section 501(c)(3) organizations		, raiti	• • • •	• • • •	. 46		10	
Part	VI	All section 501(c)(3) organization		estions 47–49h and	1.52 and	complete th	e tables	for lin	es	
		50 and 51.	o made andwer que	25110115 47 40D UIN	, una	somplete th	o lubics		00	
		Check if the organization used Sci	hedule O to respond	d to any question in	this Part \	Λ			. 🗆	
						•		Yes	No	
47		the organization engage in lobbying		section 501(h) elect	ion in effec	t during the	tax 🗍			
	•	? If "Yes," complete Schedule C, Par					. 47		V	
48		e organization a school as described in		•			. 48	.	~	
49a		the organization make any transfers to					. 49a		<u> </u>	
b		es," was the related organization a se					. 491			
50		plete this table for the organization's loyees) who each received more than								
	cmp	loyses) who each received more than		T		Ith benefits.	0, 01101	110110.		
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions to employ		oyee (e) Estimate		ed amount of	
	-		devoted to position	(Forms W-2/1099-MISC		ns, and deferred pensation	other co	mpensa	tion	
none		· · · · · · · · · · · · · · · · · · ·			<u> </u>					
				<u></u>						
				1						
				<u> </u>						
	Tota	I number of other employees paid ov	er \$100 000	<u> </u>	<u>. L </u>	1				
51		plete this table for the organization		ensated independer	nt contracto	ors who each	receive	d more	a thai	
31		0,000 of compensation from the organization			ii oomaan	710 WIIO 0001	, , , , , , , , , , , , , , , , , , , ,		J 1.1.Q.	
	(2)	Name and business address of each independ	lent contractor	(b) Type of se	PRVICE	(c)	Compensa	tion		
	Įa,) Name and business address of each independ		(5) 1 9 5 5 1 5			Compone			
none				4		1				
				<u></u>						
			,							
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				-{						
					····					
				-						
				1						
d	Tota	I number of other independent contra	actors each receiving	over \$100,000 .	.▶		0			
52		the organization complete Schedule A						_		
		exempt charitable trusts must attach					► 🗹 Ye			
Under p	oenaltie:	s of perjury, I declare that I have examined this in nd complete. Declaration of preparer (other than	return, including accompar	nying schedules and state	ments, and to	the best of my kr	nowledge ar	d belief,	, it is	
true, co	rrect, a	nd complete. Decraation of preparer (other than	TOTICOT) IS DASSED OIT AIR THE		THAS ALLY KINO	7/19/	113			
Sian	i	Signature of officer				Date	7			
Sign Here		Timothy Sulahian, Director and Trea	surer		•					
616		Type or print name and title								
Dels'		Print/Type preparer's name	Preparer's signature	11	Date	Check	if PTIN			
Paid						self-emplo				
Prepare		Firm's name			1	irm's EIN ▶		-		

Use Only Firm's name

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Flrm's EIN ▶

Phone no.

SCHEDULE: A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Employer identification number													
Hope	lope for Our Sisters, Inc							45-4248034					
Pa	it Reason	for Public Cha	rity Status (All orga	anization	s must d	complete	e this pa	rt.) See	instructi	ons.			
The 6 1 2	A church, cor	nvention of churc	ation because it is: (Fo thes, or association of a 170(b)(1)(A)(ii). (Attac	f churche	s describ				i).				
3 4	☐ A hospital or : ☐ A medical res	a cooperative ho	spital service organiza on operated in conjun	ation des	cribed in	section tal descri	170(b)(1) bed in se	(A)(iii). ection 17	O(b)(1)(A)(iii). Ente	er the		
5	☐ An organizati	-	the benefit of a colle	ge or un	iversity o	wned or	operated	by a go	vernmer	ital unit o	lescrib	ed in	
6 7	An organization	on that normally	nment or government receives a substantia (A)(vi). (Complete Pai	al part of	escribed i its supp	n sectior ort from a	n 170(b)(1 a governi	1)(A)(v). mental u	nit or fro	m the ge	neral p	ublic	
8	☐ A community	trust described i	n section 170(b)(1)(A)(vi). (Co	mplete Pa	art II.)							
9	An organization receipts from support from	on that normally activities related gross investme	receives: (1) more that to its exempt functent income and unreufter June 30, 1975. So	an 331/₃% ions—su lated bu	6 of its s bject to siness ta	upport fro certain e xable inc	xceptions come (les	s, and (2) ss section) no mor	e than 3	31/3%	of its	
10 11	☐ An organizati	on organized ar	d operated exclusively and operated exclusive blicly supported organ	ely for th	ne benefi	t of, to	perform	the func	tions of,	or to ca	arry ou	t the	
	509(a)(3). Che	eck the box that	describes the type of	supportir	ng organi	zation an	d comple	ete lines 1	11e throu	gh 11h.			
e f	other than fou or section 509	his box, I certify undation manage (a)(2).	II c Type II that the organization ers and other than one a written determination	is not co e or more	ntrolled o	directly or support	r indirectl ed organ	izations o	or more described	disqualif I in secti	ied per on 509	sons (a)(1)	
		check this box									oportin,	۳П	
g	Since August following pers		he organization accep	oted any	gift or co	ontributio	n from a	iny of the	•			u	
	(i) A person	who directly or i	ndirectly controls, eithody of the supported o						d in (ii) a	nd 119(i)	Yes	No	
	· ·	-	on described in (i) abo	•						11g(ii			
			a person described in							11g(iii	+		
h			on about the supporte							(1.79(11.	4		
(i) Name of supported organization		(i) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) lis	organization sted in your document?	the organ col. (i)	ou notify nization in of your port?	(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetar support		netary	
				Yes	No	Yes	No	Yes	No	<u> </u>			
A)													
B)													
C)					-								
D)													
E)													
									i				

Total

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

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

Section A. Public Support								
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")	0	0	0	39,033	50,984	90,017	
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	o	o	0	5,745	8,177	13,922	
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513	0	0	0	0	0	0	
4	Tax revenues levied for the							
	organization's benefit and either paid							
	to or expended on its behalf	0	0	0	0	0	0	
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge	0	0	0	0	0	0	
6	Total. Add lines 1 through 5	0	0	0	44,778	59,161	103,939	
7a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons .	0	0	0	0	0	0	
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	0	0	0	0	0	0	
	Add lines 7a and 7b	0	0	0	0	0	0	
8	Public support (Subtract line 7c from							
	line 6.)	<u> </u>					103,939	
	on B. Total Support							
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
9	Amounts from line 6	0	0	0	44,778	59,161	103,939	
10a	Gross income from interest, dividends,	'		ĺ				
	payments received on securities loans, rents, royalties and income from similar sources.							
	•	0	0	0	0	0	0	
D	Unrelated business taxable income (less section 511 taxes) from businesses							
	acquired after June 30, 1975	ا	0	o	0	0	0	
_	Add lines 10a and 10b	0	0	0	0	0		
С 11	Net income from unrelated business		<u>_</u>	Y				
••	activities not included in line 10b, whether							
	or not the business is regularly carried on	o	o	o	اه	o	0	
12	Other income. Do not include gain or	, , , , , , , , , , , , , , , , , , ,						
12	loss from the sale of capital assets							
	(Explain in Part IV.)	o	o	o	o	o	0	
13	Total support. (Add lines 9, 10c, 11,	-	,	-	-			
	and 12.)	o	0	o	44,778	59,161	103,939	
14	First five years. If the Form 990 is for th	ne organization	's first, secon	d, third, fourth				
	organization, check this box and stop he	-			-			
Secti	on C. Computation of Public Suppor			_				
15	Public support percentage for 2013 (line 8			3, column (f))		15	%	
16	Public support percentage from 2012 Sch	nedule A, Part I	II, line 15 .	<u> </u>	<u> </u>	16	%	
Secti	on D. Computation of Investment In	come Percer	ntage					
17	Investment income percentage for 2013 (line 10c, colum	n (f) divided by	y line 13, colun	nn (f))	17	%	
18	Investment income percentage from 2012					18	%	
19a	· · · · · · · · · · · · · · · · · · ·							
	17 is not more than 331/3%, check this box		_			_		
b	331/3% support tests - 2012. If the organiz							
	line 18 is not more than 331/3%, check this b		_		-	_		
20	Private foundation. If the organization di	d not check a l	oox on line 14,	19a, or 19b, c	heck this box	and see instruc	ctions 🕨 🔲	

	chedule A (Form 990 or 990-EZ) 2013							
Part IV	Supplemental Part III, line 12.	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Also complete this part for any additional information. (See instructions).	ī					
	·	***************************************						
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	******************							
	.^~~~							
	*************							
		<b>/************************************</b>						
*********	<u> </u>							
			<b>-</b>					
		***************************************						

### 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.

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

OMB No. 1545-0047

Open to Public

Inspection

45-4248034

Name of the organization Employer identification numbe Hope for Our Sisters, Inc.

Part I, Line 10. In 2013, we provided a \$20,000 grant to the Fistula Foundation. The Fistula Foundation then used 100% of this money to support fistula surgery efforts at the Centro Evangelico de Medicina do Lubango (Evangelical Medical Centre of Lubango) in The Republic of Angola Address' The Fistula Foundation, 1900 The Alameda, Suite 500, San Jose, CA 95126 We also provided a \$4,200 grant to the International Nepal Fellowship. This grant was given in support of their efforts to educate local healthcare workers about the causes and prevention of fistula Address: International Nepal Fellowship, PO Box 5, Pokhara, Nepal Part I, Line 16 Other Expenses \$1,062 - Host/Event Expense \$567 - Banking Fees \$769 - Office Expenses \$145 - Conference Fees \$54 - Filing Fees \$6,431 - Travel expenses These funds were raised by our team members specifically to cover the cost of their trip to visit our partners at the Evangelical Medical Center of Lubango, The Repubic of Angola Funds from general donations were not used for travel expenses. Part II, Line 24. Other Assets \$288 - Inventory

Schedule O (Form 990 or 990-EZ) (2013)  Name of the organization	Page 2
Name of the organization	Employer identification number
·	