Form 990-N

Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury Internal Revenue Service for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2023

Open to Public Inspection

A For the 2023 Calendar year, or tax year beginning 2023-01-01 and ending 2023-12-31

B Check if available	C Name of Organization: HOPE FOR EDUCATION GHANA INC	D Employee Identification
Terminated for Business	21 S End Ave PH1R, New	Number <u>47-3235572</u>
Gross receipts are normally \$50,000 or less	York, NY, US, 10280	
E Website:	F Name of Principal Officer: Linda Mortenson	
hopeforeducationghana.org	21 S End Ave PH1D, New	
	York, NY, US, 10280	

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

2023 990 N

NUS 2023 CHARSOD P.1/4

CHAR500 Online

For new annual filings, and amendments

City

Annual Filing for Charitable Organizations

New York State Office of the Attorney General
Charities Bureau - Registration Section
28 Liberty Street
New York, NY 10005
charitiesnys.com

Open to Public Inspection

Filing Type:	New Filin	ng O Am	endment	Filing Year: 202	23	_
General Info	rmation					
Current Organiz	ation Name:	Hope for E	ducation Ghana Inc.	Updated Nam	ne:	N/A
NY Registration	Number:	44-98-55		Registration C	Category:	DUAL
Organization Ty	pe:	Corporation	1	EIN:		473235572
Current Fiscal Ye	ear End:	12/31		Updated Fisca	ıl Year End:	N/A
Organization Em	nail:	info@hopef	oreducationghana.org	Organization's	s Phone:	2129459235
Tax Exempt Stat	us:	501(c)(3)		. Website:		hopeforeducationghana.org
Organization A					[1353]	
	iling Address		Principal A	ddress		NY State Address
c/o Suki Mo New York NY 10280 UNITED ST			c/o Suki Moran New York NY 10280 UNITED STATES	5	NA	
Primary Contac	t Informatio	n				
First Name: Linda Last Name: Mortenson Title: Chief Financial Officer Phone: 2129459235 Email: lindasusanmary@gmail.com				Chief Financial Officer		
Organization Ty	/pe					
Type of IRS doc	ument filed v	vith IRS: <u>IF</u>	RS990N Org.	anization Type: <u>F</u>	Private	
Third Party	Preparer I	nformatio	n			
First Name: N	/A		Last Name: N/A	\	Title: <u>I</u>	N/A
Firm Name: N	/A		Phone: N/A	1	Email:	N/A
Third Party Add	Third Party Address					
Street: N/A						

C+a+a. RI/A

NUS 2023 CHARSON P214

Re	egistration Category
1.	Does the organization conduct activity in New York State other than soliciting? This may include, but is not limited to , maintaining an office, having employees or staff, or running a program. O Yes No
2.	Does the organization have assets in New York State? O Yes O No
3.	Is the organization incorporated or formed in New York State? O Yes O No
4.	Has the organization received more than \$25,000 in total contributions from New York State residents,
	foundations, corporations or government agencies or other entities in the period covered by this filing? O Yes O No
5.	Does the organization plan to receive more than \$25,000 annually in total contributions from New York State
	residents, foundations, corporations, government agencies or other entities?
	O Yes ⊚ No
6.	Does the organization use a professional fundraiser or fundraising counsel? ○Yes No
Ва	sed on your responses to the above questions, this organization's registration category has been updated EPTL
to	The updated registration category will go into effect when your filing has been Completed.
Ex	emption Qualifications
1.	Is the organization a government agency, controlled by a government agency, or the U.S. Congress or New York State Legislature?
	OYes ONO N/A
2.	Was the organization formed for religious purposes?
2	OYes ONO N/A
3.	Is the organization a PTA affiliated with an educational institution subject to the jurisdiction of the New York State Education Department? OYes ONo N/A
4.	Is the organization a library that files annual financial reports with the New York State Department of Education?
	O Yes O No N/A Does the organization receive substantially all of its contributions from a single government agency to which it submits
	annual financial reports?
6.	OYes ONO N/A Is the organization's gross contributions from all other sources, \$25,000 or less and will remain below that?
7.	OYes ONo N/A Does the organization receive funding from a federated fund, United Way, or incorporated community appeal?
8.	O Yes O No N/A Is the organization's gross contributions from all other sources, \$25,000 or less and will remain below that?
	OYes ONo N/A Does the organization use or plan to use a professional fundraiser?
10	OYes ONO N/A Is the organization an educational institution or museum that files annual financial reports with the Board of Regents

of the University of the State of New York or an agency with similar responsibilities in another state?

2. Choose the total contributions in New York State this fiscal year:

MNS 5053 CHARSOD 63/4

11. If the organization is an educational institution, does it limit solicitation of contributions to the student body, alur faculty, trustees and their families? O Yes O No N/A
12. Is the organization incorporated/chartered under the New York State Education Law? OYes ONo N/A
13. Is the organization a law enforcement support organization that only solicit contributions from its members? OYes ONo N/A
14. Is organization a New York State volunteer firefighters or volunteer ambulance corps? OYes ONo N/A
15. Is the organization a hospital, skilled nursing facility, or diagnostic/treatment center? OYes ONO N/A
16. Is organization a veterans' organization, volunteer firefighters, volunteer ambulance corps, or an auxiliary of such organization whose fundraising is performed only by its members without direct or indirect compensation? OYes ONO N/A
17. Is the organization a historical society chartered by the Board of Regents of the University of the State of New Yo that solicits contributions only from its memberships? O Yes O No N/A
18. Is the organization a historical society chartered by the Board of Regents of the University of the State of New Yor O'Yes O'No N/A
19. Is the organization a membership organization? OYes ONo N/A
20. Is the organization a membership organization that solicits contributions only from its members? OYes ONO N/A
21. Is organization a cemetery corporation subject to Article 15 of the New York State Not-for-Profit Corporation Law Oyes Ono N/A
22. Is the organization incorporated under Article 43 of the New York State Insurance Law? OYes ONO N/A
23. Is the organization a police department, sheriff's department or other government law enforcement agency? OYes ONo N/A
Based on your responses to the exemption questions, this organization's registration category has been updated to
EPTL The updated registration category will go into effect when your filing has been processed.
Contribution Information
1. Did the organization solicit or receive contributions during the fiscal year in New York State?

NUS 2023 CHARSOD PYly

Annual Exemp	tions					
\$25,000 during	contributions from Nev the fiscal year? Io N/A	v York State, including resid	ents, foundations, gov	ernment agencies, etc. under		
	Did the organization use a professional fundraiser or fundraising counsel during the fiscal year?					
		under \$25,000 and the ma	rket value of its assets	under \$25,000 during the		
·		tion questions this organiza 8-1.4". No fee or additional				
		o 1.4 . No jee of additional	inanciais are regained	jor ema year a jimiig.		
Financial Infor		plan to complete any of th	o following with the No	ww.Vark State Charities Rureau		
□ Closing	, does your organization Withdra		e ronowing with the Ne issolving	ew York State Charities Bureau None		
J			is solving	_ 110110		
	ling in New York State? No	N/A				
Documents						
Attached organizat	tion's required documen	ts:				
☐ IRS docum	nent					
☐ Certified F	Public Accountant's Audi	t Report				
☐ Certified F	Public Accountant's Revi	ew Report				
□ Complete	Certificate of Amendme	ent or other document ame	nding the name			
☐ Other doc	uments					
Signatures	A second					
**		ve reviewed this report, incl t and complete in accordand		and to the best of our State of New York applicable		
Role	First Name	Last Name		Email		
President	dominic	obour	oboursavio@			
Chief Financial Office	r linda	mortenson	lindasusanm	nary@gmail.com		
Signature of President			Date:			
Signature of Chief Financial Offic	er		Date:			

Hope for Education Ghana Inc.

EIN: 47-3235572 | New York, New York, United States

Other Names

MEREJED FOUNDATION

HOPE FOR EDUCATION GHANA INC

990N 2022 P1/2

Publication 78 Data

Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

On Publication 78 Data List: Yes

Deductibility Code: PC 3

Determination Letter

A favorable determination letter is issued by the IRS if an organization meets the requirements for tax-exempt status under the Code section the organization applied.

Final/Letter(s)

FinalLetter 47-3235572 MEREJEDFOUNDATION 06172015.tif [https://apps.irs.gov/pub/epostcard/dl/FinalLetter 47-3235572 MEREJEDFOUNDATION 06172015.tif]

Form 990-N (e-Postcard)

Organizations who have filed a 990-N (e-Postcard) annual electronic notice. Most small organizations that receive less than \$50,000 fall into this category.

Tax Year 2022 Form 990-N (e-Postcard)

Tax Period:



/2022 (01/01/2022-12/31/2022)

EIN:

47-3235572

Organization Name (Doing Business as):

HOPE FOR EDUCATION GHANA INC

Mailing Address:

21 S End Ave PH 1R New York, NY 10280 United States

Principal Officer's Name and Address:

Linda S Mortenson

21 S End Ave PH 1D New York, NY 10280 United States

Gross receipts not greater than:

\$50,000

Organization has terminated:

No

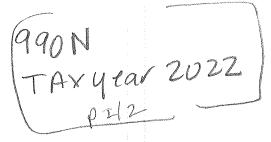
Website URL:

- Tax Year 2020 Form 990-N (e-Postcard)
- ▼ Tax Year 2019 Form 990-N (e-Postcard)
- ▼ Tax Year 2018 Form 990-N (e-Postcard)
- **✓** Tax Year 2015 Form 990-N (e-Postcard)

Copies of Returns (990, 990-EZ, 990-PF, 990-T)

Electronic copies (images) of Forms 990, 990-EZ, 990-PF or 990-T returns filed with the IRS by charities and non-profits.

✓ Tax Year 2017 Form 990EZ

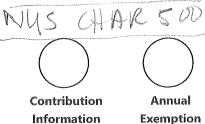
















2022





Contact Information

Current Organization Name

Hope for Education Ghana Inc.

New York Registration Number

44-98-55

Registration Category

DUAL

Has the organization's name changed since its last filing?

Yes No

Employer Identification Number (EIN) **

473235572

Please update organization's EIN if it is incorrect

Organization Type **

Corporation

What is the organization's IRS tax exempt status?

501(c)(3)

If the organization is not exempt, select None

Fiscal Year End

12/31

Has your fiscal year end changed?**

Yes No

Organization Email *

info@hopeforeducationghana.org

Organization Phone **

2129459235

Organization Website

пореготецисацинунана.огу

Organization's Addresses

NUS CHARSOD 2022 P2/8

Mailing Address

c/o Suki Moran, New York, NY 10280, UNITED STATES

Has the organization's address changed since the last filing? *
Yes No
Is the Primary or Principal address the same as the Mailing address? *
Yes No
Primary or Principal address is where the organization is headquartered and performs its work. Do not enter a organization's post office box address here.
Primary Contact Information
First Name *
Linda
Last Name *
Mortenson
Professional Title *
Chief Financial Officer
Email *
lindasusanmary@gmail.com
Re-enter Email *
lindasusanmary@gmail.com
Phone *
2129459235
Organization Type
Which IRS form does your organization use? *
IRS990N
*
Is your organization a <u>public charity</u> or other IRS 990 series filer other than a <u>private foundation</u> Yes No
Home Next

















Third-party Information Preparer

Registration Category

Contribution Information

Exemption

Information

Review

Signature

Third-party Preparer

Are you a third-party preparer? *

Yes No

Home

Back

















Signature

Registration Category

Please answer the questions below to update the Charities Bureau on the organization's activities and reporting requirements.

Does the organization conduct activity in New York State other than soliciting? This may include, but is not limited to, maintaining an office, having employees or staff, or running a program. *

Yes No

Does the organization have assets in New York State?*

Yes No

Is the organization incorporated or formed in New York State?**

Yes No

Has the organization received more than \$25,000 in total contributions from New York State residents, foundations, corporations or government agencies or other entities in the period covered by this filing?

Yes No

Does the organization plan to receive more than \$25,000 annually in total contributions from New York State residents, foundations, corporations, government agencies or other entities? *

Yes No

Did your organization use a <u>professional fundraiser</u> or <u>fundraising counsel</u> for fundraising activity in New York State? *

Yes No

Based on your responses to the above questions, this organization's registration category has been updated to <u>"The Estates, Powers & Trusts Law 8-1.4 (EPTL)."</u> The updated registration category will go into effect when your filing has been completed.

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2022

p 5/8



Information

Third-party
Preparer



Category









Review

Signature

Contribution Information

Please answer the questions below about your New York State contributions.

Did the organization solicit or receive contributions during the fiscal year from New York State residents, foundations, corporations, or government agencies, etc.? *

Yes No

Choose the range that represents the organization's total New York State contributions in this filing's fiscal year. *

\$0-\$24,999

\$25,000-\$99,999

\$100,000-\$249,000

\$250,000-\$749,000

\$750,000-\$999,999

\$1,000,000-\$4

Home

Back











Contribution Information



Annual Exemption



Information





Annual Exemption

Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the fiscal year? *

Yes No

Based on your responses to the annual exemption questions, this organization is *Exempt* this year under both <u>"Executive Law 7-A and The Estates, Powers & Trusts Law 8-1.4."</u> No fee or additional financials are required for this year's filing.

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Third-party Preparer



Registration Category I



Contribution Information



Annual Exemption



Information

Financial F





Financial Information

Which IRS form does your organization use? *

IRS990N

For this filing year, does your organization plan to complete any of the following with the New York State Charities Bureau? *

Close registration

Withdraw registration

Dissolve organization

None of the above

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Signatures

Certification requires two signatures, one from the organization's president or authorized officer/trustee and the other from the chief financial officer, treasurer or other person with fiscal responsibility for the organization. Both signatories must certify under penalties for perjury that they reviewed this Annual Filing, and that to the best of their knowledge and belief the information contained in this form is true, correct and complete in accordance with the applicable laws of the State of New York.

Enter the signatories' information below. (Please note that the annual filing pdf that signatories receive includes questions that were not applicable to the filing. These are tagged on the pdf as "N/A.")

Your annual filing has been submitted for signatures. Once the filing is fully signed, you will receive an email with payment information if required. Please note that the signatories may experience a 15 minute delay before they receive an electronic signature request from DocuSign.

Please note that only you, the filing's preparer, can re-send or update the request-forsignature emails. If the signatories have not received the request email or require a new one, the preparer can resend the CHAR500 form from the dashboard screen when the preparer logs into the CHAR500 form.

First Name	Last Name	Title	Email
Dominic	Obour	President	oboursavio@gmail.com
Linda	Mortenson	Chief Financial Officer	lindasusan mary@gmail.com

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Close

Form 990-N

2020 990N sumited

Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury Internal Revenue Service for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2020

Open to Public Inspection

A For the 2020 Calendar year, or tax year beginning 2020-01-01 and ending 2020-12-31

B Check if available
Terminated for Business
Gross receipts are normally \$50,000 or less

E Website:
HOPEFOREDUCATIONGHANA.ORG

C Name of Organization: HOPE FOR EDUCATION GHANA INC
21 \$ End Ave PH 1R, New
York, NY, US, 10280

F Name of Principal Officer: Linda Mortenson
21 \$ End Ave PH 1D, New

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York, NY, US, 10280

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Sex 2-22-21

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

2020 Open to Public Inspection

1.	Gen	eral	Inforr	nation

1. General Informa	tion						
For Fiscal Year Beginnir] / 0 \ / 2020 and	l Ending (mm/dd/yyyy	12,31,2020			
Check if Applicable:	Name of Organization			Employer Identification Number (EIN):			
Address Change	HOPE FOR EDU	CATION GHANA IN)C	Common control of the			
Name Change	Mailing Address:		0 1	NY Registration Number:			
Initial Filing	do Suki Morai	21 S END AVE	AUK	44-98-55			
Final Filing	City / State / Zip:			Telephone:			
Amended Filing	New York, N	14 10280		2129459235			
Reg ID Pending	Website:	TION 6HANA, ORG		Email: INFO@HOPEFOREOWATION 6HANA. DRG			
Check your organization's registration category:		TL only DUAL (7A &	EPTL) 🔀 EXEMPT*	Confirm your Registration Category in the Charities Registry at <u>www.CharitiesNYS.com.</u>			
2 Certification							
See instructions for certificat signatories.	tion requirements. Imprope	r certification is a violatior	of law that may be subje	ct to penalties. The certification requires two			
We certify under	penalties of perjury that we r are true, correct and complet	a in accordance with the inv	us at the State of New York	the best of our knowledge and belief, applicable to this report.			
		_	-R Dominie Obout, fre Print Name	sident 2-22-21			
President or Authorized O	fficer: <u>Signature</u>						
	Chief Financial Officer or Treasurer: Signature Lind & Moth Lind & Moth Roll Financial Officer or Treasurer: Signature Lind & Moth Lind & Moth Roll Financial Officer or Treasurer: Signature Lind & Moth Lind & Moth Roll Financial Officer or Treasurer: Signature Lind & Moth Lind & Moth Roll Financial Officer or Treasurer: Signature Lind & Moth Lind & Moth Roll Financial Officer or Treasurer: Signature Lind & Moth Lind & Moth Roll Financial Officer or Treasurer: Signature Lind & Moth Lind & Moth Roll Financial Officer or Treasurer: Signature Lind & Moth Lind & Moth Roll Financial Officer or Treasurer: Signature Lind & Moth Lind & Moth Roll Financial Officer or Treasurer: Signature Lind & Moth Lind & Moth Lind & Moth Lind & Moth Roll Financial Officer or Treasurer: Signature Lind & Moth Lind						
Chief Financial Officer or T	reasurer: Signature	Mou -	Print Name	and Title Date			
3. Annual Reportit	ig Exemption						
categories (DUAL filers) that attachments are required. I attachments and pay applic	apply to your registration, of you cannot claim an exem able fees.	complete only parts 1, 2, a ption or are a DUAL filer th	na 3, and submit the certi at claims only one exemp	ategory (7A or EPTL only filers) or both fied Char500. No fee, schedules, or additional tion, you must file applicable schedules and			
3a. 7A filing exem and the organizat	<u>ption</u> : Total contributions fro ion did not engage a profes	om NY State including resi sional fund raiser (PFR) or t	dents, foundations, gover fund raising counsel (FRC)	nment agencies, etc. did not exceed \$25,000 to solicit contributions during the fiscal year.			
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.							
4. Schedules and	Attachments						
See the following page for a checklist of schedules and attachments to complete your filing. Yes No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a. Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.							
5. Fee							
See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee:	S O	Total fee:	Make a single check or money order payable to: "Department of Law"			



2019 990N submitted 3/9/20

Confirmation

Home | Security Profile | Logout

Your Form 990-N(e-Postcard) has been submitted to the IRS

• Organization Name: HOPE FOR EDUCATION GHANA INC

• EIN: 473235572 • Tax Year: 2019

• Tax Year Start Date: 01-01-2019 • Tax Year End Date: 12-31-2019

• Submission ID: 10065520200693559507

• Filing Status Date: 03-09-2020

• Filing Status: Pending

Note: Print a copy of this filing for your records. Once you leave this page, you will not be able to do so.

MANAGE FORM 990-N SUBMISSIONS

Form 990-N

Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury Internal Revenue Service for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2019

Open to Public Inspection

A For the 2019 Calendar year, or tax year beginning 2019-01-01 and ending 2019-12-31

B Check if available

Terminated for Business

✓ Gross receipts are normally \$50,000 or less

HOPEFOREDUCATIONGHANA.ORG

C Name of Organization: HOPE FOR EDUCATION GHANA INC

21 S End Ave PH 1R, New

York, NY, US, 10280

D Employee Identification

Number 47-3235572

E Website:

F Name of Principal Officer: Linda Mortenson

21 S End Ave PH 1D, New

York, NY, US, 10280

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CHAR500

NY\$ Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005 2019
Open to Public Inspection

1. General Information)in				
For Fiscal Vear Beginning	(mm/dd/yyyy) 5\	/ 01 / 2019 and	l Ending (mm/dd/yyyy)	Employer Identification Number (FIN):	
Check if Applicable:	Name of Organization	***		Employer identification ramoer (2111)	
Address Change	HOPE FOR FOUC	ATION GHANA INC		473235572	
Name Change	Mailing Address:			NY Registration Number:	
Initial Filing	40 SUK: Moran	21 S END AVE	PHIR	44-98-55	
Final Filing	City / State / Zip:			Telephone:	
Amended Filing	New York, N	4 10280		2129459235	
Reg ID Pending	Waheita:			Email: INFO@ Hope for Education GHona . 01	
	and the same of th	MONGHANA ORG		Confirm your Registration Category in the	
Check your organization's registration category:	7A only EP	TL only DUAL (7A & I	EDTI / 1/4 FXF8861.	Charities Registry at	
2. Certification			1		
1	requirements. Imprope	er certification is a violatior	of law that may be subjec	t to penalties. The certification requires two	
signatories.					
We certify under pen	alties of perjury that we re	eviewed this report, includin e in accordance with the lav	ng all attachments, and to the	ne best of our knowledge and belief,	
tney are	rue, correct and complete. ר'ג	AII	FA DOMINIC OBOU.		
President or Authorized Office	er: Signature 01		Print Name a	and Title Date	
Chief Financial Officer or Treas	A.	<i>V</i> •	1 mi lancia Chief	Francial officer 3.9.20	
Chief Financial Officer or Treas	surer: Signature [2016]	a Mortenson Li	Ma Morterson, Gold	and Title Date	
3. Annual Reporting	Exemption				
Check the exemption(s) that ap	ply to your filing. If your	organization is claiming a	n exemption under one ca	tegory (7A or EPTL only filers) or both	
categories (DUAL filers) that apparts are required. If yo	ply to your registration, o u cannot claim an exemi	complete only parts 1, 2, ar otion or are a DUAL filer th	nd 3, and submit the certifi at claims only one exempt	ed Char500. No fee, schedules, or additional ion, you must file applicable schedules and	
attachments and pay applicable	e fees.				
3a. 7A filing exemption	n: Total contributions fro	om NY State including residence (PER) or f	dents, foundations, govern	ment agencies, etc. did not exceed \$25,000 o solicit contributions during the fiscal year.	
and the organization	nio not engage a profess	sional fund raiser (1 1 h) of 1	and failing counsel (they	, and the second	
- th EDTI filing overno	tion: Gross receints did r	not exceed \$25,000 and the	market value of assets did	not exceed \$25,000 at any time during the	
fiscal year.	tion. Gross receipts did i	e encech yzo,000 and an	Thanker target at a second		
4. Schedules and Att	achments				
See the following page for a checklist of Yes No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.					
schedules and attachments to	fund raising	activity in ivr Stater ii yes	, complete schedule 4a.		
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.					
5. Fee		enormi Cli	T. t. C		
See the checklist on the next page to calculate your	7A filing fee:	EPTL filing fee:	Total fee:	Make a single check or money order	
fee(s). Indicate fee(s) you are submitting here:	\$	\$ O E	# C	payable to: <u>"Department of Law"</u>	
Jan 2 2 2 2 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1					



Confirmation



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Your Form 990-N(e-Postcard) has been submitted to the IRS

Organization Name: HOPE FOR EDUCATION GHANA INC

• EIN: 473235572 • Tax Year: 2018

• Tax Year Start Date: 01-01-2018 • Tax Year End Date: 12-31-2018

• Submission ID: 10065520191022785688

• Filing Status Date: 04-12-2019

• Filing Status: Pending

Note: Print a copy of this filing for your records. Once you leave this page, you will not be able to do so.

MANAGE FORM 990-N SUBMISSIONS

Form 998-N

Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury Internal Revenue Service for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2018

Open to Public Inspection

D Employee Identification

Number 47-3235572

A For the 2018 Calendar year, or tax year beginning 2018-01-01 and ending 2018-12-31

B Check if available

E Website:

Terminated for Business

Gross receipts are normally \$50,000 or less

HOPEFOREDUCATIONGHANA.ORG

C Name of Organization: HOPE FOR EDUCATION GHANA INC

21 SOUTH END AVE APT PH1R, New York, NY, US,

10280

F Name of Principal Officer: Linda Mortenson

21 SOUTH END AVE APT

PH1D, New York, NY, US,

10280

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

Submitted 4-12-19

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General **Charities Bureau Registration Section** 28 Liberty Street New York, NY 10005

2018

Open to Public Inspection

1. General Information	1			
For Fiscal Year Beginning (r	mm/dd/www\ 0 \	/ 0 \ / 2018 an	d Ending (mm/dd/vvvv	12,31,2018
, , , , , , , , , , , , , , , , , , , ,	Name of Organization		~	Employer Identification Number (EIN):
Check if Applicable: Address Change	HAPE FAR EDI	ICATION GHANI	a inc	473235572
Name Change	Mailing Address:			NY Registration Number:
Initial Filing	ala Suki Moi	RAN 21 S EN	10 AVE PHIR	44-98-55
Final Filing	City / State / Zip:	THE CALL OF		Telephone:
Amended Filing	New YORK,	NY 1028	30	212 945 9235
Reg ID Pending	Website:		A CONTRACTOR OF THE CONTRACTOR	Email:
Tired in a suding	HOPEFOREDU	CATIONGHANA.	0R6	INFO@ HOPEFOR EDUCATION GHAN
Check your organization's registration category:	7A only EP	TL only DUAL (7A &	EPTL) X EXEMPT*	Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.
2. Certification				
See instructions for certification r signatories.	requirements. Imprope	er certification is a violatio	n of law that may be subje	ct to penalties. The certification requires two
We certify under nena	lties of perjury that we re	eviewed this report, includi	ing all attachments, and to t	he best of our knowledge and belief,
they are tr	ue, correct and complete	e in accordance with the la	ws of the State of New York	applicable to this report.
President or Authorized Officers	: Signature	ff _	(FR) DOMINIC OBOUR	and fille Date
Chief Financial Officer or Treasu	2	a Morte 4	nda Mortenson, Chi Print Name	ef Francial Officer 4-12-19 and Title Date
3. Annual Reporting E	xemption			
		organization is claiming	an exemption under one c	ategory (7A or EPTL only filers) or both
categories (DUAL filers) that appl	ly to your registration, on cannot claim an exemp	complete only parts 1, 2, a	ınd 3, and submit the certif	fied Char500. No fee, schedules, or additional tion, you must file applicable schedules and
3a. 7A filing exemption and the organization di	: Total contributions fro id not engage a profess	om NY State including res sional fund raiser (PFR) or	idents, foundations, gover fund raising counsel (FRC)	nment agencies, etc. did not exceed \$25,000 to solicit contributions during the fiscal year.
3b. EPTL filing exemption fiscal year.	<u>on</u> : Gross receipts did n	not exceed \$25,000 and th	e market value of assets di	d not exceed \$25,000 at any time during the
4. Schedules and Atta	achments			
See the following page	4	organization use a profes	ssional fund raiser, fund rai	sing counsel or commercial co-venturer for
for a checklist of Yes schedules and		activity in NY State? If ye		- P
attachments to complete your filing.	No 4b. Did the	organization receive gove	rnment grants? If yes, com	pplete Schedule 4b.
	<i>y</i>	J		•
5. Fee			-	
See the checklist on the 7 next page to calculate your	A filing fee:	EPTL filing fee:	Total fee:	Make a single check or money order
fee(s). Indicate fee(s) you are submitting here:		\$	\$ <u>0</u>	payable to: "Department of Law"

990EZ 2017 PILLO

990-EZ

Department of the Treasury Internal Revenue Service

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)

2017

OMB No. 1545-1150

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

AI	or the	2017 calendar year, or tax year beginning $\int a \wedge y \otimes y + 1$, 2017, and ending $\int a \otimes y \otimes y + 1$	wher 31 ,2017
	·· · · · · · · · · · · · · · · · · · ·	pplicable: C Name of organization D Emp	oloyer identification number
	Address o	change HOPE FOR EDUCATION GHANA INC 47	3235572
	Name cha	Ange Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tele	phone number
	Initial retu	or clo Suki MORAN 21 S End Ave PHIF 212	. 9459235
=	Final retu Amended	City or town, state or province, country, and ZIP or foreign postal code	oup Exemption
=		Total City of	mber 🕨 🔯
			▶ ☐ if the organization is no
	Vebsite		d to attach Schedule B
			990, 990-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 assets	
		lumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ •
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions for Part I)
99.46		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 16628
	2	Program service revenue including government fees and contracts	2
	3	Membership dues and assessments	3
	4	Investment income	4
83,589	5a	Gross amount from sale of assets other than inventory 5a	-
			4
	b	Less: cost or other basis and sales expenses	
	6 6	Gaming and fundraising events	5c
	a	Gross income from gaming (attach Schedule G if greater than	
ō	a	\$15,000)	
Revenue	b	Gross income from fundraising events (not including \$ of contributions	4
ě	D	from fundraising events reported on line 1) (attach Schedule G if the	
Œ		sum of such gross income and contributions exceeds \$15,000) 6b	ļ .
	_	Less: direct expenses from gaming and fundraising events 6c	
	d d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	
	"	line 6c)	6d
	7a	Gross sales of inventory, less returns and allowances	00
	b	Less: cost of goods sold	-
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	70
	8	Other revenue (describe in Schedule O)	7c 8
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 16628
	10	Grants and similar amounts paid (list in Schedule O)	10 16796
	11	Benefits paid to or for members	11
Ø	12	Salaries, other compensation, and employee benefits 2	12
Se	13	Professional fees and other payments to independent contractors	13
ĕ	14	Occupancy, rent, utilities, and maintenance	14
Expenses	15		15
	16	Printing, publications, postage, and shipping	
	17	Total expenses Add lines 10 through 16	16 576 17 576
	18	Total expenses. Add lines 10 through 16	· · · · · · · · · · · · · · · · · · ·
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	18 (7447
SS		end-of-year figure reported on prior year's return)	19 11995
¥ A	20	Other changes in net assets or fund balances (explain in Schedule O)	20
Z	20 21	, ,	
	<u> </u>	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21 11251

Form 990-EZ (2017)						
	nce Sheets (see the instructions					
Check	k if the organization used Schedule	O to respond to a				<u> C</u>
				(A) Beginning of year	·······	(B) End of year
22 Cash, savin	gs, and investments				22	11251
	uildings				23	
24 Other asset	s (describe in Schedule O)				24	
25 Total asset	ts		[25	11251
26 Total liabili	ities (describe in Schedule O)				26	
27 Net assets	or fund balances (line 27 of column	n (B) must agree wit	h line 21)		27	11251
Part III State	ment of Program Service Accom	plishments (see th	ne instructions for F	Part III)		
	k if the organization used Schedule					Expenses
	zation's primary exempt purpose? 10				(Requ	uired for section c)(3) and 501(c)(4)
-	nization's program service accompli					nizations; optional fo
as measured by e	expenses. In a clear and concise me and other relevant information for ea	nanner, describe th	e services provided	, the number of	others	s.)
	Financial Support for High		olleg Elviotin	fur		
3/1 5/1/02	nts in Chans		V33153KC5131555518			
30 310 91	1113 111 01000					
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(Grants \$	) it this amount	. meludes foreign gra	ants, check here .	· · · • • • • • • • • • • • • • • • • •	239	
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· · · · · · · · · · · · · · · · · · ·	m services (describe in Schedule O)					
31 Other program (Grants \$	m services (describe in Schedule O) ) If this amount	includes foreign gra	ants, check here .	 <b>&gt;</b> []	31a	
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31 Other program (Grants \$ 32 Total program Part IV List of Check  Fr Deminic President Ac Mucho Co-Foun Linda Much Chief Fra Legina Svki TReasyn Adam Jun Directur List Ack Executive Chief Check Executive Chief Check Chief Fra Check Chief Fra Check Che	m services (describe in Schedule O)  ) If this amount m service expenses (add lines 28a)  Officers, Directors, Trustees, and Key (if the organization used Schedule  (a) Name and title  Officers  Officers, Directors, Trustees, and Key (if the organization used Schedule  (a) Name and title  Officers  Office	includes foreign grathrough 31a)	nnts, check here  n one even if not comp ny question in this is (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0	pensated—see the in:  Cart IV  (d) Health benefits, contributions to employe benefit plans, and	31a 32 struct	tions for Part IV)
31 Other program (Grants \$ 32 Total program Part IV List of Check  Fr Deminic President Ac Mucho Co-Foun Linda Much Chief Fra Legina Svki TReasyn Adam Jun Directur List Ack Executive Chief Check Executive Chief Check Chief Fra Check Chief Fra Check Che	m services (describe in Schedule O)  ) If this amount m service expenses (add lines 28a)  Officers, Directors, Trustees, and Key (if the organization used Schedule  (a) Name and title  Officers  Officers, Directors, Trustees, and Key (if the organization used Schedule  (a) Name and title  Officers  Office	includes foreign grathrough 31a)	nnts, check here  n one even if not comp ny question in this is (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0	pensated—see the in:  Cart IV  (d) Health benefits, contributions to employe benefit plans, and	31a 32 struct	tions for Part IV)
31 Other program (Grants \$ 32 Total program Part IV List of Check  Fr Deminic President Ac Mucho Co-Foun Linda Much Chief Fra Legina Svki TReasyn Adam Jun Directur List Ack Executive Chief Check Executive Chief Check Chief Fra Check Chief Fra Check Che	m services (describe in Schedule O)  ) If this amount m service expenses (add lines 28a)  Officers, Directors, Trustees, and Key (if the organization used Schedule  (a) Name and title  Officers  Officers, Directors, Trustees, and Key (if the organization used Schedule  (a) Name and title  Officers  Office	includes foreign grathrough 31a)	nnts, check here  n one even if not comp ny question in this is (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0	pensated—see the in:  Cart IV  (d) Health benefits, contributions to employe benefit plans, and	31a 32 struct	tions for Part IV)
31 Other program (Grants \$ 32 Total program Part IV List of Check  Fr Deminic President Ac Mucho Co-Foun Linda Much Chief Fra Legina Svki TReasyn Adam Jun Directur List Ack Executive Chief Check Executive Chief Check Chief Fra Check Chief Fra Check Che	m services (describe in Schedule O)  ) If this amount m service expenses (add lines 28a)  Officers, Directors, Trustees, and Key (if the organization used Schedule  (a) Name and title  Officers  Officers, Directors, Trustees, and Key (if the organization used Schedule  (a) Name and title  Officers  Office	includes foreign grathrough 31a)	nnts, check here  n one even if not comp ny question in this is (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0	pensated—see the in:  Cart IV  (d) Health benefits, contributions to employe benefit plans, and	31a 32 struct	tions for Part IV)
31 Other program (Grants \$ 32 Total program Part IV List of Check  Fr Deminic President Ac Marko Co-Form Linda Mort Chief Fra Regina Svki Treasyr Adam Jon Director List Ack Eventile Chief Check Eventile Chief Check Chief Fra Chiector	m services (describe in Schedule O)  ) If this amount m service expenses (add lines 28a)  Officers, Directors, Trustees, and Key (if the organization used Schedule  (a) Name and title  Officers  Officers, Directors, Trustees, and Key (if the organization used Schedule  (a) Name and title  Officers  Office	includes foreign grathrough 31a)	nnts, check here  n one even if not comp ny question in this is (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0  0  0	pensated—see the in:  Cart IV  (d) Health benefits, contributions to employe benefit plans, and	31a 32 struct	tions for Part IV)

Part				F3	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part			
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	Yes	No_	
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 change on Schedule O (see instructions)	34		/	23
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		1	
c b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b			
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	35c			
37a	during the year? If "Yes," complete applicable parts of Schedule N	36		<del></del>	
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a		<u>/</u>	7
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved				
a b 40a	Initiation fees and capital contributions included on line 9				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		V	7
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
е	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 ▶ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
42a	The organization's books are in care of ▶ REGINA SUEL MORAN Telephone no. ▶ \$17	532	120	17	
b	Located at ► 21 S FND AVE HIR NEW YOUR, WY ZIP + 4 ► 10 LS  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)?  If "Yes," enter the name of the foreign country: ► ☐ H A NA	42b	/		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
С	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country: ▶	42c	/		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	Yes	No.	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	//	
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	
c d	Did the organization receive any payments for indoor tanning services during the year?	44c			
45-	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d			
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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)	45a 45b		<u>√</u>	

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### 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.

▶ Attach to Form 990 or Form 990-EZ.

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

2017

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number 4 7 3 23 55 72

	TOTE FOR EURCHT	OW CHAN	H INC			1 4 10 633	3312
Pa	t Reason for Public Cha			t comple	ete this p	oart.) See instruction	ons.
The	organization is not a private founda	tion because it	is: (For lines 1 through	h 12, che	ck only o	ne box.)	
1	A church, convention of church	hes, or associati	ion of churches descr	ribed in <b>s</b>	ection 17	70(b)(1)(A)(i).	
2	☐ A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	(Z).)	
3	A hospital or a cooperative hos	spital service or	ganization described	in <b>sectio</b> i	n 170(b)(	1)(A)(iii).	
4	A medical research organization	on operated in c	onjunction with a hos	pital desc	ribed in	section 170(b)(1)(A)	(iii). Enter the
	hospital's name, city, and state	e:					
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a governmen	tal unit described in
6 7	☐ A federal, state, or local govern ☐ An organization that normally	receives a subs	stantial part of its sup				n the general public
8	described in section 170(b)(1)  A community trust described in			Dort II \			
9				-			
9	An agricultural research organi or university or a non-land-gra university:	nt college of agr	riculture (see instruction	ons). Ente	er the nar	me, city, and state of	f the college or
10	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fu income and un	nctions—subject to c related business taxa	ertain ex ble incon	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	n 331/3% of its
11	☐ An organization organized and	operated exclusion	sively to test for publi	c safety.	See sect	ion 509(a)(4).	
12	☐ An organization organized and	operated exclus	sively for the benefit o	f, to perfe	orm the fi	unctions of, or to ca	rry out the purposes
	of one or more publicly support Check the box in lines 12a thro						
a	Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	elect a ma	ijority of t		
b	Type II. A supporting organ control or management of to organization(s). You must organization(s).	the supporting o	rganization vested in	the same			
c	Type III functionally integrities supported organization(s						ally integrated with,
d	Type III non-functionally in that is not functionally integree requirement (see instruction	rated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an	
е	☐ Check this box if the organ	-	· · · · · · · · · · · · · · · · · · ·		-		e II. Tyne III
	functionally integrated, or T						, , , , po
f	Enter the number of supported o	rganizations .					
g	Provide the following information	about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o listed in you docus	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							· F
(D)							
(E)							

Total

	Support Schedule for Organiz (Complete only if you checked	ations Dee	rihad in C-	2.7			Page 2
	(Complete only if you checked the Part III. If the organization fails the complete of the Part III. If the organization fails the complete of the Part III.	the box on li	ne 5. 7. or 8	otions 170(b)	(1)(A)(iv) and	170(b)(1)(A)	(vi)
S	Part III. If the organization fails t	o qualify und	der the tests	listed below	nlease com	ion failed to	qualify under
C	alendar year (or fiscal year beginning in)	7			picase comp	nete Part III.)	
	I CITIS Granto	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	/0 T-1 1
	membership fees received (Do not				1	(0) 2017	(f) Total
	"Iclude any "unusual grants.")						
	2 Tax revenues levied for the		<del> </del>	-			
	organization's benefit and either paid			1			
	to or expended on its behalf						
`	The value of services or facilities furnished by a governmental unit to the				<del>                                     </del>		
	organization without charge						
4	Total. Add lines 1 through 3						
5		***************************************					
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6							
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(-) 0045 T			
1	Amounts from line 4	(4) 2010	(D) 2014	<b>(c)</b> 2015	(d) 2016	(e) 2017	(f) Total
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources		1				
9	Net income from unrelated business						
	activities, whether or not the business			1			
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)				• [		
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	en instruction					
13	FIRST TIVE years. If the Form 990 is for the	0 F 0	F	thing for a		12	
	organization, check this box and stop here ion C. Computation of Public Support F		mot, second,	inira, tourth, d	or titth tax yea	r as a section	501(c)(3)
Sect	ion C. Computation of Public Support F	Percentage			• • • •		🔊 🗌
14 15	Fublic support percentage for 2017 (line 6 c	olumn (f) divis	dood by the state	column (f))		14	0/
16a							<u></u> %
	box and stop here. The organization qualifie	ion ala not cr	eck the box o	on line 13, and	line 14 is 331/	3% or more, cl	neck this
b	331/3% support test-2016. If the organization	on did not al-		gariization .			🏲 🖂
17a							
	10% or more, and if the organization meets Part VI how the organization meets the "fact	the "facts-an	d-circumstand	ces" test, chec	n line 13, 16a k this hox and	or 16b, and l	ine 14 is
	Part VI how the organization meets the "fact organization	ș-and-circum	stances" test.	The organizati	ion qualifies a	s a publiciv su	xpiain in innorted
b							
	15 is 10% or more, and if the organization	If the organiz	ation did not	check a box o	n line 13, 16a	, 16b, or 17a,	and line
	Explain in Part VI how the organization most	e the "feets -	adio una cho	umstances te	st, check this	box and sto	p here.
6 O	supported organization  Private foundation. If the organization did no		·····		organization	qualifies as a	publicly
18	Private foundation. If the organization did no instructions	t check a box	on line 13, 16	a, 16b, 17a. or	17b, check th		. 🏲 🗆
	instructions					DOX and Set	, <b>b</b> []

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

(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")			13385	34564	16628	64577
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 are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			13385	34564	16628	64577
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .			5744	5762		11506
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						
С	Add lines 7a and 7b	:		5744	5762		11506
8	Public support. (Subtract line 7c from line 6.)						53071
	ion B. Total Support		**····		<u> </u>	I	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6			13385	34564	16628	64577
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	**************************************					
d	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					,	
С	Add lines 10a and 10b			L.			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						A Paragraphy of the Control of the C
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)			13385	34564	16628	645.77
14	First five years. If the Form 990 is for the organization, check this box and stop her						n 501(c)(3)
Secti	on C. Computation of Public Support				•		🕨 🔀
15	Public support percentage for 2017 (line 8			3, column (f))		15	%
16	Public support percentage from 2016 Sch	edule A, Part II	I, line 15 .			16	%
Secti	on D. Computation of Investment Inc	ome Percen	tage				
17	Investment income percentage for 2017 (li					17	%
18	Investment income percentage from 2016	Schedule A, P	art III, line 17			18	%
19a	331/3% support tests—2017. If the organiz	ration did not	check the box	on line 14, an	id line 15 is m	ore than 331/3%	6, and line
_	17 is not more than 331/3%, check this box a	nd stop here.	The organizatio	n qualifies as a	publicly suppo	rted organization	on . ▶ 🗌
b	331/3% support tests—2016. If the organizatine 18 is not more than 331/3%, check this but	ox and <b>stop he</b>	re. The organiz	zation qualifies	as a publicly su	pported organi	zation ▶ 🗌
20	Private foundation. If the organization did	not check a b	ox on line 14,	19a, or 19b, c	heck this box a	and see instruc	tions 🏲 🗍

### Part IV

#### **Supporting Organizations**

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

Section	A. A	l Supp	orting	<b>Organizations</b>
---------	------	--------	--------	----------------------

	ion A. All Supporting Organizations	······································	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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).	8		
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 <b>Part VI</b> .	9a		
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 <b>Part VI.</b>	9b		
С	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 <b>Part VI.</b>	9c		
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.	10a		
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.)	10b		

10b

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Schedu	lle A (Form 990 or 990-E.Z) 2017			Page 🕽
Part	Supporting Organizations (continued)		r	
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		Yes	No
	below, the governing body of a supported organization?	11a	ļ	
b	A family member of a person described in (a) above?	11b	-	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  ion B. Type I Supporting Organizations	11c		<u> </u>
0000	ion b. Type i dupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations	1 2	L	L
	on or type it capper into a gamma it is		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
a b c	<ul> <li>☐ The organization satisfied the Activities Test. Complete line 2 below.</li> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (</li> </ul>	'see in:	structi	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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		d	
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3)	<del></del>	·····	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	nizai	tions must complete Secti	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or		,	
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	T		
instructions for short tax year or assets held for part of year):		e e	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 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.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y int	tegrated Type III supportin	g organization (see
instructions).			

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Part	Type III Non-Functionally Integrated 509(a)	3) Supporting Organ	izations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers ex	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	· · · · · · · · · · · · · · · · · · ·		
8	Distributions to attentive supported organizations to which	ch the organization is res	sponsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		<u> </u>	
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			·
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years	·		
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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44 45 40 40 40 40 40 40 40 40 40 40 40 40 40	

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#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

### **Schedule of Contributors**

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

**Employer identification number** 

HUPE FO	R EDUCATION GHANA INC	473235572						
Organization type (check of	ne):							
Filers of:	Filers of: Section:							
Form 990 or 990-EZ	∑ 501(c)( 3 ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private fou	undation						
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private founda	tion						
	☐ 501(c)(3) taxable private foundation							
	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule a	nd a Special Rule. See						
General Rule								
For an organization or more (in money contributor's total of	filing Form 990, 990-EZ, or 990-PF that received, during the year, cont or property) from any one contributor. Complete Parts I and II. See instr contributions.	ributions totaling \$5,000 uctions for determining a						
Special Rules								
regulations under s 13, 16a, or 16b, and	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.								
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year								
	it isn't covered by the General Rule and/or the Special Rules doesn't file							

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

ane 2

Name of or	ganization		Page Employer identification number
	HOPE FOR EURCATION GHANA INC		473235572
Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space	e is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Kennem Mortenson		Person 🗵
	21 S End Ave PHID	\$ 5000	Payroll  Noncash
	New York, NY 10280	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		-   \$ -   \$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		.   \$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Dage 3

Name of or	HOPE FOR EDUCATION GHANA INC		Employer identification number 473235572
Part II	Noncash Property (see instructions). Use duplicate	copies of Part II if additional	space is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		**************************************	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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Name of or	rganization HOPE FOR EDUCATION	U GHANA	Inc		Employer identification number 47323 5572
Part III	Exclusively religious, charitable, e (10) that total more than \$1,000 for the following line entry. For organiza contributions of \$1,000 or less for t	etc., contributions to or the year from any ations completing Pa he year. (Enter this in	organizations do one contributor. rt III, enter the tota formation once. S	Complete of of of the control of the	n section 501(c)(7), (8), or columns (a) through (e) and vely religious, charitable, etc.,
(a) No.	Use duplicate copies of Part III if ad	aitionai space is nee	aea.	1	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	cription of how gift is held
	Tuesdanials many address	(e) Transi	_		
-	Transferee's name, address, a	ING ZIP + 4	Helation	iship of tran	sferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	cription of how gift is held
	Transferee's name, address, a	(e) Transf nd ZIP + 4	_	ship of tran	sferor to transferee
			***************************************		
					***************************************
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Des	cription of how gift is held
-					
-					***************************************
		(e) Transf	er of gift		
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of tran	sferor to transferee
-			***************************************		
-			***************************************		
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Desc	cription of how gift is held
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
-					***************************************
-		(e) Transfe	er of gift		
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of trans	sferor to transferee
-				*********	
-					

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

2017 Open to Public Inspection

1. General Information	on			
For Fiscal Year Beginning	(mm/dd/yyyy) 0	1 / 0 1 / 2017 an	d Ending (mm/dd/yyyy) [12,31,2017]
Check if Applicable:	Name of Organization			Employer Identification Number (EIN):
Address Change	HOPE FOR E	NUCATION GHAN	A Inc	473235572
Name Change	Mailing Address:			NY Registration Number:
Initial Filing	clo suki mora	N 21 S END AV	E PHIR	44-98-55
Final Filing	City / State / Zip:			Telephone:
Amended Filing	New YORK,	NY 10280		212-945-9235
Reg ID Pending	Website: HOPE FOR EDUCA	HONGHANA.ORG		Email: IN FOR HOPEFOR FOUCHTION 6HANA. OR6
Check your organization's registration category:	7A only EP	TL only 💢 DUAL (7A &	EPTL)	Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com .
2. Certification				
See instructions for certification	requirements. Imprope	er certification is a violatio	n of law that may be subje	ct to penalties.
We certify under pen they are t	nalties of perjury that we r true, correct and complet	eviewed this report, includi e in accordance with the la	ng all attachments, and to t ws of the State of New York	he best of our knowledge and belief, applicable to this report.
	(PAT	- i- (=\ 1)	man chare Peach	rt 4-9-18
President or Authorized Office	er: Signature	(17) 0	ominic Obour, Presiden Print Name	and Title Date
Cl. (F) 110(CTurn	surer: Junda Morter	ear linda	Mortenson Chief Fina	nad Officer 4-9-18
Chief Financial Officer or Treas	Signature		Mortenson, Chief, Find Print Name	and Title Date
3. Annual Reporting	Exemption			
categories (DUAL filers) that app attachments are required. If you attachments and pay applicable	ply to your registration, o u cannot claim an exemp e fees.	complete only parts 1, 2, a otion or are a DUAL filer th	nd 3, and submit the certifn at claims only one exemp	ategory (7A or EPTL only filers) or both fied Char500. No fee, schedules, or additional tion, you must file applicable schedules and
and the organization	did not engage a profess	om NY State including resisional fund raiser (PFR) or semption (see instructions	fund raising counsel (FRC)	nment agencies, etc. did not exceed \$25,000 to solicit contributions during the fiscal year.
3b. EPTL filing exempt fiscal year.	<u>tion</u> : Gross receipts did n	ot exceed \$25,000 and th	e market value of assets di	d not exceed \$25,000 at any time during the
4. Schedules and Att	achments			
schedules and attachments to	fund raising	activity in NY State? If ye		sing counsel or commercial co-venturer for applete Schedule 4b.
5. Fee				
See the checklist on the next page to calculate your	7A filing fee:	EPTL filing fee:	Total fee:	Make a single check or money order
fee(s). Indicate fee(s) you are submitting here:	\$	\$	\$	payable to: "Department of Law"

2016 990 EZ

Form 990-EZ

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)

OMB No. 1545-1150

Open to Public

Inspection

Department of the Treasury

17

20

Net Assets

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

Inte	nal Reve	nue Service	▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form	n990.	
AI	or the	2016 calend	ar year, or tax year beginning 💹 🐧 🐧 🐧 🐧 , 2016, and ending 🐧) e cember	31 ,2016
В	Check if a	pplicable:	C Name of organization .	D Employer ic	entification number
	Address o	change	HOPE FOR EDUCATION GHANA INC	4732	35572
X	Name cha	ange		E Telephone n	umber
	Initial retu	rn	C/O SUKI MORAN 21 S END AVE PHIR	212 94	159235
		rn/terminated		F-Group Exe	mption
	Amended		NEW YORK, NY 10280	Number 1	
		on pending		<u></u>	if the organization is not
	Vebsite	ting Method:			ach Schedule B
				•	0-EZ, or 990-PF).
				, 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- LE, 01 000 1 1).
			Corporation Trust Association Other 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	accate	
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		
***************************************	-		e, Expenses, and Changes in Net Assets or Fund Balances (see the i	.	
	art I				
	т.	····	the organization used Schedule O to respond to any question in this Part I		
	1		ons, gifts, grants, and similar amounts received		34264
	2	Program s	ervice revenue including government fees and contracts	2	
	3		ip dues and assessments	3	
	4	Investment		4	· · · · · · · · · · · · · · · · · · ·
	5a		ount from sale of assets other than inventory		
	b		or other basis and sales expenses		
	C	•	ion day of about out in mar involvery (basicast into be not into ba, 1.	<u>5c</u>	
	6	•	d fundraising events		
av	а		ome from gaming (attach Schedule G if greater than		
Revenue		-			
Ş	b		me from fundraising events (not including \$ of contributions	5	
æ			aising events reported on line 1) (attach Schedule G if the		
			th gross income and contributions exceeds \$15,000) 6b		
	C		t expenses from gaming and fundraising events 6c		
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub		
		line 6c) .		· · 6d	
	7a	Gross sale	s of inventory, less returns and allowances		
	b		of goods sold		
	С		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8		nue (describe in Schedule O)		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. 🕨 9	34564
	10		similar amounts paid (list in Schedule O)	10	20994
	11	Benefits pa	aid to or for members	11	
S	12	Salaries, of	ther compensation, and employee benefits		
nse	13	Profession	al fees and other payments to independent contractors	13	736
Expenses	14	Occupancy	y, rent, utilities, and maintenance	14	
ŭ	15	Printing, pu	ublications, postage, and shipping	15	320
	16		enses (describe in Schedule O)	16	651

Total expenses. Add lines 10 through 16

end-of-year figure reported on prior year's return)

Other changes in net assets or fund balances (explain in Schedule O) .

Net assets or fund balances at end of year. Combine lines 18 through 20

Excess or (deficit) for the year (Subtract line 17 from line 9)

Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with

995

17

18

19

20

21

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	Balance Sheets (see the instructions					
	Check if the organization used Schedule	O to respond to a		(A) Beginning of year	· · ·	B) End of year
	Ocale and investments		-		22	11995
22 23	Cash, savings, and investments				23	11793
24	Other assets (describe in Schedule O)				24	***************************************
25	Total assets				25	11995
26					26	
27	Net assets or fund balances (line 27 of column		Luna.		27	11995
DOMESTIC OF THE PROPERTY OF TH	Statement of Program Service Accom	plishments (see the	ne instructions for P	art III)		
25020000	Check if the organization used Schedule					Expenses
Wha	t is the organization's primary exempt purpose? T	o Provide Education	all Scholarships to	Students in 6 hana		uired for section)(3) and 501(c)(4)
as m	cribe the organization's program service accomplineasured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe th ach program title.	e services provided	, the number of		izations; optional for
28	PROVIDED FMANCIAL SUPPORT FOR 38 STUDENTS IN GHANA (Grants \$ 18680) If this amount		ants, check here .		28a	(5
29				GHANA	200	
23	• PROVIDED AN ADDITIONAL TEN IN GHANA WHERE 300 PUPIL	COMPUTERS TO S WILL BENE	AN ELEMENTA FROM THE	ry somot ir use	000	3 <i>00</i>
20	(Grants \$ 23)4) If this amount	includes foreign gra	ants, check here .	· · · • • • • • • • • • • • • • • • • •	29a	
30	(Grants \$) If this amount	includes foreign gr	ants, check here .	• 🗆	30a	
31	Other program services (describe in Schedule O)					
			ants, check here .		31a	
over the second second second	Total program service expenses (add lines 28a				32	951
Par						
	Check if the organization used Schedule (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 employe benefit plans, and	e (e) E	
		devoted to position	(if not paid, enter -0-)	deferred compensation		
F	R DOMINIC OBOUR	- 10	63			
	PRESIDENT and FOUNDER	10			1	
0	R MARTIN EVERS		-0-		-	
		- 1				
	CO-FOUNDER	1	-0-			
L	CO-FOUNDER INDA MORTENSON	Securer 10	-0-			
	CO-FOUNDER INDA MORTENSON VICE PRESIDENT and CHIEF FINANCIALI	Frices 10				
R	CO-FOUNDER INDA MORTENSON VICE PRESIDENT AND CHIEF FINANCIALI LEGINA SUKI MOREN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-0-			
R	CO-FOUNDER INDA MORTENSON VICE PRESIDENT AND CHIEF FINANCIALI LEGINA SUKI MOREN TREASURER + FINANCES	1 Friez 10	-0-			
<u>ر</u>	CO-FOUNDER INDA MORTENSON VICE PRESIDENT AND CHEF FINANCIALD LEGINA SUKI MOREN TREASURER + FINANCES FORM JONES	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-0-			
	CO-FOONDER INDA MORTENSON VICE PRESIDENT AND CHIEF FINANCIALI LEGINA SUKI MOREN TREASURER + FINANCES PDAM JONES DIRECTOR OF DEVELORMENT LISA ACKERMAN	2	-0- -0- -0-			
	CO-FOONDER INDA MORTENSON VICE PRESIDENT AND CHIEF FINANCIALI LEGINA SUKI MOREN TREASURER + FINANCES PDAM JONES DIRECTOR OF DEVELORMENT LISA ACKERMAN	2	-0-			
	CO-FOONDER INDA MORTENSON VICE PRESIDENT AND CHIEF FINANCIALI LEGINA SUKI MOREN TREASURER + FINANCES PDAM JONES DIRECTOR OF DEVELORMENT LISA ACKERMAN	2 2 2	-0- -0- -0-			
	CO-FOUNDER INDA MORTENSON VICE PRESIDENT AND CHIEF FINANCIAIO LEGINA SUKI MORAN TREASURER + FINANCES ADAM JONES DIRECTOR OF DEVELORMENT	2	-0- -0- -0-			
	CO-FOUNDER INDA MORTENSON VICE PRESIDENT AND CHEF FINANCIALD LEGINA SUKI MOREN TREASURER + FINANCES ADAM JONES DIRECTOR OF DEVELORMENT LISA ACKERMAN EXECUTIVE ADVISOR HEISTINIA DASHER	2 2 2	-0- -0- -0-			
	CO-FOUNDER INDA MORTENSON VICE PRESIDENT AND CHEF FINANCIALD LEGINA SUKI MOREN TREASURER + FINANCES ADAM JONES DIRECTOR OF DEVELORMENT LISA ACKERMAN EXECUTIVE ADVISOR HEISTINIA DASHER	2 2 2	-0- -0- -0-			
	CO-FOUNDER INDA MORTENSON VICE PRESIDENT AND CHEF FINANCIALD LEGINA SUKI MOREN TREASURER + FINANCES ADAM JONES DIRECTOR OF DEVELORMENT LISA ACKERMAN EXECUTIVE ADVISOR HEISTINIA DASHER	2 2 2	-0- -0- -0-			
	CO-FOUNDER INDA MORTENSON VICE PRESIDENT AND CHEF FINANCIALD LEGINA SUKI MOREN TREASURER + FINANCES ADAM JONES DIRECTOR OF DEVELORMENT LISA ACKERMAN EXECUTIVE ADVISOR HEISTINIA DASHER	2 2 2	-0- -0- -0-			
	CO-FOUNDER INDA MORTENSON VICE PRESIDENT AND CHEF FINANCIALD LEGINA SUKI MOREN TREASURER + FINANCES ADAM JONES DIRECTOR OF DEVELORMENT LISA ACKERMAN EXECUTIVE ADVISOR HEISTINIA DASHER	2 2 2	-0- -0- -0-			
	CO-FOUNDER INDA MORTENSON VICE PRESIDENT AND CHEF FINANCIALD LEGINA SUKI MOREN TREASURER + FINANCES ADAM JONES DIRECTOR OF DEVELORMENT LISA ACKERMAN EXECUTIVE ADVISOR HEISTINIA DASHER	2 2 2	-0- -0- -0-			
	CO-FOUNDER INDA MORTENSON VICE PRESIDENT AND CHEF FINANCIALD LEGINA SUKI MOREN TREASURER + FINANCES ADAM JONES DIRECTOR OF DEVELORMENT LISA ACKERMAN EXECUTIVE ADVISOR HEISTINIA DASHER	2 2 2	-0- -0- -0-			

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i Zelos	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			П
	monabilities for Fair Vy Oricon in the organization asca conclude O to respond to any question in this	, i all	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	100	√
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 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		1
b	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, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
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 27a			
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		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
ь 40а	Gross receipts, included on line 9, for public use of club facilities			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		/
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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 ▶ NEW YORK	lance and		
42a	The organization's books are in care of ▶ REGINA SULI MURAN Telephone no. ▶ 917		212	0.1
_	Located at > 21 S END AVE PHIR NEW YORK, NY ZIP + 4 > 102 At any time during the calendar year did the arganization have an interest in or a signature or other authority ever	80		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	No
	If "Yes," enter the name of the foreign country: ► 6 ## N#	42b	<u> </u>	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: \blacktriangleright $G \not\models f \not\models f$	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		. 1	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		/
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		/
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		<u> </u>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	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		

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46		he organization engage, directly or in ndidates for public office? If "Yes," o						res No
Part	VI	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	s only		***************************************	***************************************		or lines
		Check if the organization used Sc	hedule O to respond	to any question in	this Part VI			🗆
47 48	year?	he organization engage in lobbying If "Yes," complete Schedule C, Pare organization a school as described in	tll				tax	Yes No
49a b 50	Did the second of the second o	ne organization make any transfers t es," was the related organization a se plete this table for the organization's oyees) who each received more thar	o an exempt non-cha ection 527 organization five highest compen	ritable related organi on?	zation?	cers, direct	. 49a . 49b ors, trustee	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions benefit plans	n benefits, s to employee , and deferred nsation		ed amount of npensation
		VONE						
*************		NO VV L						removed to the second technical
·····								
~~~~~								
f 51	Com	number of other employees paid ov plete this table for the organization ,000 of compensation from the orga	s five highest compe	ensated independent	contractors	s who each	received	more than
	(a)	Name and business address of each independ	dent contractor	(b) Type of sen	vice	(c)	Compensation	on
		NONE					·	
		÷	***************************************					
						***************************************		·
			***					
d 52		number of other independent contra				) - nust attach	1 2	
Mile de la constanta de la cons		oleted Schedule A					. <b>▶</b>	☐ No
Under patrue, cor	enalties rect, an	of perjury, I declare that I have examined this is d complete. Declaration of preparer (other than	return, including accompant n officer) is based on all info	ying schedules and statemermation of which preparer l	ents, and to the has any knowle	dge.	owledge and	belief, it is
Sign		Signature of officer			 Dat	<u>4-10-11</u> e	······································	
Here		Type or print name and title	N , VIE PRESI	DENT & CHIEF F				
Paid Pren	l	Print/Type preparer's name	Preparer's signature	Da	ate	Check Self-employ	if PTIN	
Preparent		Firm's name ▶			Firn	n's EIN ▶		
		Firm's address >	chourn abous? Cas :	netructions	Pho	ne no.	<u> </u>	
iviay th	ie IKS	discuss this return with the preparer	Shown above? See I	nstructions ,		!	Yes	∐ No

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#### 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.

Attach to Form 990 or Form 990-EZ.

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

						<del></del>			
Name	of the organization HOPE FOR EDUCATION	o GUANA II	ni /			Employer identification			
Da				t comple	to this r				
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.  ne organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1									
2	parties .								
3	A hospital or a cooperative ho	,							
4	A medical research organizati						(iii). Enter the		
	hospital's name, city, and sta								
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a governmen	tal unit described in		
6	A federal, state, or local gover								
7	An organization that normally described in section 170(b)(1			port fron	n a gover	nmental unit or fror	n the general public		
8	A community trust described	in <b>section 170(b</b>	)(1)(A)(vi). (Complete	Part II.)					
9	An agricultural research orgar or university or a non-land-gra university:								
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	I to its exempt functions and un after June 30, 19	inctions—subject to c irelated business taxa 75. See <b>section 509(</b> a	ertain ex ble incon a)(2). (Co	ceptions, ne (less s mplete Pa	and (2) no more tha ection 511 tax) from art III.)	in 331/3% of its		
11	An organization organized and	•		-					
12	An organization organized and	•	3			•	, ,		
	of one or more publicly supp Check the box in lines 12a thro								
_		•			•	•			
а	☐ Type I. A supporting orgal the supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	elect a ma	ajority of t				
b		=				supported organizati	ion(s), by having		
	control or management of organization(s). You must	the supporting of	organization vested in	the same					
С							ally integrated with,		
	its supported organization	• • •	•		•	• •			
đ	Type III non-functionally that is not functionally inte requirement (see instructional transfer in the requirement of the requi	grated. The orga	inization generally mu	st satisfy	a distribu	ution requirement an			
е	Check this box if the organ functionally integrated, or						∍ II, Type III		
f	Enter the number of supported	* *							
g	Provide the following information	n about the supp	oorted organization(s).				<u> </u>		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
(A)			4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.			· · · · · · · · · · · · · · · · · · ·			
(B)									
(C)							The state of the s		
(D)	4444								
E)									
rotal									
. LILE									

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Part							
	(Complete only if you checked the						alify under
O1	Part III. If the organization fails to	o quality unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
<del></del>	on A. Public Support	T (2) 2040	41,0040	(1) 2044	1.0045	430040	(0 = 1.1
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc <b>First five years.</b> If the Form 990 is for the			· · · · · · · · d, third, fourth		12	n 501(c)(3)
	organization, check this box and stop he			·			
Secti	on C. Computation of Public Suppor	rt Percentage	е				CONTRACTOR
14	Public support percentage for 2016 (line 6	6, column (f) di	vided by line 1	1, column (f))		14	%
15 16a	Public support percentage from 2015 Sch 331/3% support test—2016. If the organi box and stop here. The organization qua	ization did not	check the box		nd line 14 is 33		
b	$33^{1}$ /3% support test—2015. If the organithis box and stop here. The organization						
17a	<b>10%-facts-and-circumstances test—20</b> 10% or more, and if the organization me Part VI how the organization meets the "organization	eets the "facts- facts-and-circ	-and-circumsta	ances" test, ch st. The organiz	eck this box a	nd stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets the neets the "fact	e "facts-and-c s-and-circums	ircumstances" stances" test.	test, check t	his box and <b>s</b>	top here. a publicly
18	Private foundation. If the organization distructions	d not check a l		16a, 16b, 17a			see

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

(Complete only if you checked the box on line 10 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees			ł	000	2110111	1 0 0
_	received. (Do not include any "unusual grants.")				13385	34564	47949
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 are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5				13385	34564	47949
7a	Amounts included on lines 1, 2, and 3				5744	/ -	11001
	received from disqualified persons .				2144	5762	11506
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000					Ì	
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b				5744	5762	11506
8	Public support. (Subtract line 7c from						36443
C4:	line 6.)						1 38 117
	on B. Total Support	(-) 0040	(h) 0010	(-) 0014	/-D 0045	(-) 0040	(0 T-1-1
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	<b>(f)</b> Total
9	Amounts from line 6				13385	34564	NIAAA
10a	Gross income from interest, dividends, payments received on securities loans, rents,			:			
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	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	<del>                               </del>				<u> </u>	
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,				12220	~110125	11.00.10
	and 12.)				13385	34564	47949
14	First five years. If the Form 990 is for the	e organization	i's first, second	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her	re					🕨 🛛
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2016 (line 8					15	<u>%</u>
16	Public support percentage from 2015 Sch					16	%
<del></del>	on D. Computation of Investment Inc	<del></del>	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>				
17	Investment income percentage for 2016 (I					17	%
18	Investment income percentage from 2015					18	%
19a	331/3% support tests—2016. If the organi						
	17 is not more than 331/3%, check this box					-	h
b	331/3% support tests—2015. If the organiz						
	line 18 is not more than 331/3%, check this b	-	_	•	• •	• •	lI
20	Private foundation. If the organization did	d not check a	box on line 14,	19a, or 19b, c	heck this box	and see instru	ctions 🕨 🗌

### Part IV

Supporting Organizations

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

	Sections A, D, and E. if you checked	12d of Part I, complete Sections A and D, and complete Part V.	)
Section A.	All Supporting Organizations		
			•

- 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 b class or purpose, describe the designation. If historic and continuing relationship, explain,
- 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," answe (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.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(E purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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).
- 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?
- 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 (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 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- 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.
- 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.
- 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.
  - 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
g y	1		
s d	2		
er	3a		
d e	3b		
3)	3c		
lf			
n n	4a 4b		
n d 3)	4c		
" V n; n			
у	5a 5b		
c d r	5c		
r n	7		
?	8		
e b	9a		
1	9a 9b		
t	90 9c		
r İ			
)	10a 10b		
m !	990 or 9	90-EZ	) 2016

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Pairt	V Supporting Organizations (continued)		-	-
		garrien, markini mirkini	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		490000000000000000000000000000000000000
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110		
Secti	on B. Type I Supporting Organizations	apartal months of mo		
		po	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Name and Address of the Owner, where the O	constructions.
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations	condecate transmi		LOUIS ALTRICE NOTWO
	or a type is supporting enganisations	***************************************	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	*0		
	on D. All Type III Supporting Organizations	4		
becu	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ia torione non contrata in c		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_	*	1		yakusun mendalirkan ka
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	a kacaman haman		***************************************
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
manacana and a second	supported organizations played in this regard.	3		and the state of t
secti	on E. Type III Functionally Integrated Supporting Organizations	-	- #	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	1stru	ctions	i).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b C	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee in:	structi	ons).
6.				wherene
2	Activities Test. Answer (a) and (b) below.		Yes	<u>No</u>
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	the supported organization(s) to which the organization was responsive? If Yes, unentil Part violentary those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	ŒU.	**************	dates ( - majori provide to
o a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
- Salek	trustees of each of the supported organizations? Provide details in Part VI.	За		ana ang ang ang ang ang ang ang ang ang
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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Schedille M (Form 990 or 990-EZ) 2010			i age
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	jan	izations	ngang panggang dan manggang manggang panggang panggang panggang panggang panggang panggang panggang panggang p
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	g tru nizat	st on Nov. 20, 1970 (expl tions must complete Secti	ain in Part VI). <b>See</b> ons A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	anne proprieta de la companya de la	
Section B - Minimum Asset Amount	*quimimari	(A) Prior Year	(B) Current 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		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 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	241	
6 Multiply line 5 by .035.	6	gadani (apina) katika jara muuma ee amaa ka ahaa ka ahaa ka ahaa ka ahaa ka ahaa ahaa ahaa ahaa ahaa ahaa ahaa	
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	nga yang kenangan pertambahan bermanya penangan bermanya bermanya penangan bermanya bermanya bermanya bermanya	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		1

emergency temporary reduction (see instructions).

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



Part	V Type III Non-Functionally Integrated 509(a)(	3) Supporting Organ	izations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers ex			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ooses of supported org	anizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	ch the organization is re	sponsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		·	
		(i)	(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required—explain in Part VI). See			
	instructions.			
_3_	Excess distributions carryover, if any, to 2016:			
a				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
-	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			a.
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.	<u>.</u>		
8	Breakdown of line 7:		THE STATE OF THE S	
а				
b	Excess from 2013			
С	Excess from 2014		100	
d	Excess from 2015			
е				

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

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

HOPE F	OR EDUCATION GHANA	INC	473235572		
Organization type (check	one):				
Filers of:	Section:				
Form 990 or 990-EZ		organization			
	4947(a)(1) nonexempt charitable	e trust not treated as a private fou	undation		
	527 political organization				
Form 990-PF	501(c)(3) exempt private founda	ation			
	4947(a)(1) nonexempt charitable	e trust treated as a private founda	ıtion		
	501(c)(3) taxable private founda	ıtion			
	on filing Form 990, 990-EZ, or 990-PF the or property) from any one contributor. contributions.				
Special Rules					
regulations under 13, 16a, or 16b, ar	n described in section 501(c)(3) filing F sections 509(a)(1) and 170(b)(1)(A)(vi), t nd that received from any one contribu of the amount on (i) Form 990, Part VIII,	that checked Schedule A (Form 99 ttor, during the year, total contribu	90 or 990-EZ), Part II, line Itions of the greater of (1)		
contributor, during	n described in section 501(c)(7), (8), or (the year, total contributions of more the onal purposes, or for the prevention of	nan \$1,000 exclusively for religious	s, charitable, scientific,		
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization the 990-EZ, or 990-PF), but it n	nat isn't covered by the General Rule a nust answer "No" on Part IV, line 2, of to certify that it doesn't meet the filing	nd/or the Special Rules doesn't fil its Form 990; or check the box on	le Schedule B (Form 990, n line H of its Form 990-EZ or on its		

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, , ,	, age
Name of organization	Employer identification number
HOPE FOR EDUCATION GHANA INC	473238572

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	Father Dominic Obour 85 Great Plain Road Danbury, CT 06811	\$ 5762	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			

Page 3

Name of	organizatio	n				Employer identification number
	HOPE	FOR	EBUCATION	GHANA	Inc	473235572

Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
	\$				
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
	\$				
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
	\$				
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
	s				
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
	\$				
	Description of noncash property given (b) Description of noncash property given	(b) Description of noncash property given \$			

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Name of or	ganization HOPE FOR EDUCATION 6.	HANA INC		Employer identification number			
Part III	Exclusively religious, charitable, etc (10) that total more than \$1,000 for the following line entry. For organizatic contributions of \$1,000 or less for the	ontributor. Complete nter the total of exclus	in section 501(c)(7), (8), or columns (a) through (e) and sively religious, charitable, etc.,				
	Use duplicate copies of Part III if addi	tional space is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held			
		(e) Transfer of (
-	Transferee's name, address, an	d ZIP + 4	Relationship of tra	ansferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held			
· Cart y							
	(e) Transfer of gift						
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	Insferor to transferee			
(a) No. from Part I	(b) Purpose of gift (c) Use		(d) De	scription of how gift is held			
-		(e) Transfer of g	jift				
.	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held			
-		(e) Transfer of g	ift				
	Transferee's name, address, and	i ZIP + 4	Relationship of transferor to transferee				
-							
-							

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271

Open to Public Inspection

2016

1. General Information

r. General informati			***************************************	
For Fiscal Year Beginning			and Ending (mm/dd/yyy	y) [12,311,2016
Check if Applicable:	Name of Organizati	on:		Employer Identification Number (EIN):
Address Change	HOPE FOR	EDUCATION GHA	NA INC	473235572
☑ Name Change	Mailing Address:			NY Registration Number:
Initial Filing	COSUKIM	IORAN DISEI	UDAVE PHIR	44-98-55
Final Filing	City / State / Zip:			Telephone:
Amended Filing	New York	8501 KM	0	212-945-9235
Reg ID Pending	Website: HoteFaR をもし	cation 6 Hana . Or	- G	Email: INFO@HOPE FOR EDUCATION GHANA.ORG
Check your organization's registration category:		EPTL only 🔀 DUAL (74		Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.
2. Certification	<u></u>			
See instructions for certification	on requirements. Impro	per certification is a viola	tion of law that may be subje	ect to penalties.
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.				
President or Authorized Offic	cer: Signature		(FR) Dominic Obook, f	and Title Date
Chief Financial Officer or Trea	asurer: Linka Mu	ght.	Linha Mortenson	Thief Financial Officer 4-3-17
	Signature		Print Name	
3. Annual Reporting Exemption				
Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees. 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.				
Or the organization qualifies for another 7A exemption (see instructions).				
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.				
4. Schedules and Attachments				
See the following page for a checklist of schedules and attachments to complete your filing. Yes No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.				
Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.				
5. Fee				49.49
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:	NA-La- area la alla di a
next page to calculate your fee(s). Indicate fee(s) you are submitting here:	\$_25	\$ 25	\$ 50	Make a single check or money order payable to: "Department of Law"