

Form **990**Department of the Treasury
Internal Revenue Service**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. 1545-0047

2016Open to Public
Inspection

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

Information about Form 990 and its instructions is at www.irs.gov/form990.**A** For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017****B** Check if applicable

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

C Name of organization**HANDS OF HOPE TUCSON**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

P.O. BOX 17070

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

TUCSON, AZ 85731**F** Name and address of principal officer: **ELISA MEDINA****SAME AS C ABOVE****D** Employer identification number**94-2750922****E** Telephone number**(520) 321-9765****G** Gross receipts \$**1,113,514.****H(a)** Is this a group return

for subordinates?

☐ Yes☒ No**H(b)** Are all subordinates included?☐ Yes☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **GIVEHOPETUCSON.COM - HANDSOFHOPETUCSON.COM****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1981****M** State of legal domicile: **AZ****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities: EMOTIONAL, PHYSICAL AND SPIRITUAL SUPPORT FOR WOMEN AND MEN MAKING A PREGNANCY DECISION.						
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.						
3	Number of voting members of the governing body (Part VI, line 1a)	3					
4	Number of independent voting members of the governing body (Part VI, line 1b)	4					
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5					
6	Total number of volunteers (estimate if necessary)	6					
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a					
7b	Net unrelated business taxable income from Form 990-T, line 34	7b					
8	Contributions and grants (Part VIII, line 1h)		Prior Year		Current Year		
9	Program service revenue (Part VIII, line 2g)		1,149,939.		1,096,431.		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		73,485.		16,811.		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		367.		-22,960.		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.		0.		
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,223,791.		1,090,282.		
14	Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.		0.		
16a	Professional fundraising fees (Part IX, column (A), line 11e)		596,358.		632,489.		
16b	Total fundraising expenses (Part IX, column (D), line 25)		0.		0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		304,639.				
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		707,093.		596,089.		
19	Revenue less expenses. Subtract line 18 from line 12		1,303,451.		1,228,578.		
20	Total assets (Part X, line 16)		-79,660.		-138,296.		
21	Total liabilities (Part X, line 26)						
22	Net assets or fund balances. Subtract line 21 from line 20						
			Beginning of Current Year		End of Year		
			479,379.		356,677.		
			37,470.		53,064.		
			441,909.		303,613.		

Part II Signature Block

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

Sign Here

Signature of officer

Date

ELISA MEDINA, EXEC DIR

Type or print name and title

Paid

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed

PTIN

Preparer

Firm's name

Firm's address

Firm's EIN

Phone no.

LAVOIE & COMPANY, P.C.

LAVOIE & COMPANY, P.C.

3801 N. CAMPBELL AVE. SUITE A

TUCSON, AZ 85719

86-1040903

520-322-0966

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

☒ Yes☐ No

632001 11-11-16

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)RECEIVED
NOV 15 2017
OGDEN, UT
IRS-OSC

949

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

WE ARE A CHRIST-CENTERED ORG. PROMOTING A CULTURE OF LIFE, HOPE, AND HEALING. THIS IS ACCOMPLISHED BY CARING FOR THOSE FACING AN UNPLANNED PREGNANCY, REVEALING THE TRUTH ABOUT THE UNBORN PERSON, TEACHING SEXUAL INTEGRITY, AND OFFERING A PATH TO HEALING FROM AN ABORTION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code _____) (Expenses \$ 503,835. including grants of \$ _____) (Revenue \$ -6,421.)

WE OPERATE A PREGNANCY CENTER IN CENTRAL TUCSON THAT PROVIDES FREE SERVICES TO WOMEN FACING AN UNPLANNED PREGNANCY. THOSE SERVICES INCLUDE PREGNANCY TESTING, FIRST TRIMESTER LIMITED ULTRASOUND, EDUCATION ABOUT PREGNANCY OPTIONS AND COMMUNITY AND MEDICAL REFERRALS. WE ALSO OFFER POST-ABORTION SUPPORT FOR CLIENTS WHO MAKE AN ABORTION DECISION. DURING FISCAL YEAR 2016-2017: 1,086 INDIVIDUAL CLIENTS RECEIVED FREE SERVICES AT OUR CENTER; 210 ABORTION MINDED AND VULNERABLE WOMEN MADE A COURAGEOUS CHOICE FOR LIFE! 503 ULTRASOUNDS WERE PROVIDED; 188 CLIENTS RECEIVED A BABY GIFT BASKET AND POST-DELIVERY SUPPORT.

4b (Code _____) (Expenses \$ 215,328. including grants of \$ _____) (Revenue \$ 0.)

OUR RESTORATION PROGRAM OFFERS A PATH TOWARD HEALING FOR MEN AND WOMEN IN OUR COMMUNITY STRUGGLING WITH AN ABORTION. OUR PREVENTION PROGRAM OFFERS CLASSROOM EDUCATION, AND ASSEMBLY PROGRAMS FOR YOUTH. THROUGH THE CURRICULUM AND PRESENTATIONS YOUTH ARE ENCOURAGED TO MAKE POSITIVE CHOICES THAT WILL RESULT IN OPTIMAL HEALTH FOR A LIFETIME. DURING FISCAL YEAR 2016-2017: 6,700 STUDENTS WERE IMPACTED BY A BREAKDOWN ASSEMBLY PRESENTATION. 46 INDIVIDUALS ATTENDED LIFE ADVOCACY TRAINING AND 20 INDIVIDUALS PARTICIPATED IN ABORTION RECOVERY.

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4d** Other program services (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses 719,163.

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Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 14		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 21		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b Enter the number of voting members included in line 1a, above, who are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	X	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **AZ**

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **HANDS OF HOPE - (520) 321-9765**
7777 E SPEEDWAY, TUCSON, AZ 85710

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

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

[illegible]

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
-----------------	--

[illegible]

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

0

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3	X	
4		X
5		X

Section B. Independent Contractors

- 1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		0

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,096,431.			
	g	Noncash contributions included in lines 1a-1f \$		159,182.			
	h	Total. Add lines 1a-1f		1,096,431.			
Program Service Revenue	2 a	FEES FOR SERVICE	Business Code 624100	10,071.	10,071.		
	b	FR EVENTS-EXEMPT PURPO	624100	6,740.	6,740.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		16,811.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		272.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real (ii) Personal				
b		Less: rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less: cost or other basis and sales expenses					
c		Gain or (loss)		23,232.			
d		Net gain or (loss)		-23,232.	-23,232.		
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
b		Less: direct expenses	b				
c		Net income or (loss) from fundraising events					
9 a		Gross income from gaming activities. See Part IV, line 19	a				
b		Less: direct expenses	b				
c		Net income or (loss) from gaming activities					
10 a		Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code			
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.			1,090,282.	-6,421.	0.	272.

Part IX Statement of Functional Expenses

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

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	56,100.	56,100.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	489,121.	253,869.	136,990.	98,262.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,143.	6,648.	3,816.	1,679.
9 Other employee benefits	34,142.	28,743.	971.	4,428.
10 Payroll taxes	40,983.	23,152.	10,459.	7,372.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	141,565.	48,591.		92,974.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	47,529.	36,371.	7,200.	3,958.
17 Travel	5,811.	3,450.	1,820.	541.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,053.	13,615.	1,438.	
23 Insurance	10,195.	7,229.	2,966.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROFESSIONAL SERVICES	150,181.	101,762.	14,960.	33,459.
b BABY CLOTHING/SUPPLIES	33,195.	33,195.		
c OTHER	33,051.	13,341.	3,796.	15,914.
d BANQUET HALL AND MEAL	25,021.	313.		24,708.
e All other expenses SEE SCH O	134,488.	92,784.	20,360.	21,344.
25 Total functional expenses. Add lines 1 through 24e	1,228,578.	719,163.	204,776.	304,639.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	173,140.	1	54,511.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	25,442.	9	22,057.
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a 494,063.		
	b Less. accumulated depreciation	10b 213,954.	10c	280,109.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	479,379.	16	356,677.	
Liabilities	17 Accounts payable and accrued expenses	37,470.	17	53,064.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	37,470.	26	53,064.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	426,443.	27	288,147.
	28 Temporarily restricted net assets	15,466.	28	15,466.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	441,909.	33	303,613.
	34 Total liabilities and net assets/fund balances	479,379.	34	356,677.

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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,090,282.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,228,578.
3	Revenue less expenses. Subtract line 2 from line 1	3	-138,296.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	441,909.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	303,613.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2016)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 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 Total. 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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 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 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2016

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1310302.	1216514.	1175912.	1149939.	1096431.	5949098.
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		6,200.	8,860.	21,798.	10,071.	46,929.
3 Gross receipts from activities that are not an unrelated trade or business under section 513			12,123.	51,687.	6,740.	70,550.
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	1310302.	1222714.	1196895.	1223424.	1113242.	6066577.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						6066577.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	1310302.	1222714.	1196895.	1223424.	1113242.	6066577.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	495.	1,554.	490.	367.	272.	3,178.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	495.	1,554.	490.	367.	272.	3,178.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			58,344.		-23,232.	35,112.
13 Total support. (Add lines 9, 10c, 11, and 12.)	1310797.	1224268.	1255729.	1223791.	1090282.	6104867.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	99.37 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	99.03 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	.05 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	.05 %

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒**b** 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐**20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
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.	11c	

Section B. Type I Supporting 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 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	
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	

Section C. Type II Supporting Organizations

	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).	1	

Section 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 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 significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	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.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	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 Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections 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	

Section B - Minimum Asset Amount		(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	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	<input type="checkbox"/> 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 Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 the organization is responsive (provide details in Part VI). See instructions	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions		
3	Excess distributions carryover, if any, to 2016:		
a			
b			
c	From 2013		
d	From 2014		
e	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: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2016 distributable amount		
c	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		
7	Excess distributions carryover to 2017. Add lines 3j and 4c		
8	Breakdown of line 7:		
a			
b	Excess from 2013		
c	Excess from 2014		
d	Excess from 2015		
e	Excess from 2016		

Schedule A (Form 990 or 990-EZ) 2016

Part VI

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2016

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▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

HANDS OF HOPE TUCSON

Employer identification number

94-2750922

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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Schedule D (Form 990) 2016

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
1b					
1c					
1d					
1e					
1f					
1g					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ _____ %
 b Permanent endowment ☐ _____ %
 c Temporarily restricted endowment ☐ _____ %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

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

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
1b Buildings		406,459.	160,802.	245,657.
1c Leasehold improvements				
1d Equipment		87,604.	53,152.	34,452.
1e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				280,109.

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Schedule D (Form 990) 2016

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

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Inspection

Name of the organization

HANDS OF HOPE TUCSON

Employer identification number

94-2750922

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
b Any related organization?
If "Yes" on line 5a or 5b, describe in Part III.

- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
b Any related organization?
If "Yes" on line 6a or 6b, describe in Part III.

- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2016

Part III	Supplemental Information
----------	--------------------------

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

[illegible]

(Form 990 or 990-EZ)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

HANDS OF HOPE TUCSON

Employer identification number

94-2750922

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

[illegible]

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

► \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

► \$ _____

Part II	Loans to and/or From Interested Persons.
----------------	---

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

[illegible][illegible]

Part III	Grants or Assistance Benefiting Interested Persons.
-----------------	--

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

[illegible]

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

Schedule L (Form 990 or 990-EZ) 2016

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MARY MARTIN	MARTIN IS A BOARD M	15,200.	HOH PURCHAS		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MARY MARTIN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MARTIN IS A BOARD MEMBER. SHE ALSO REPRESENTS RADIO STATIONS.

(D) DESCRIPTION OF TRANSACTION: HOH PURCHASES RADIO TIME FROM STATIONS

MARTIN IS EMPLOYED BY.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2016

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Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

HANDS OF HOPE TUCSON

Employer identification number

94-2750922

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		31,602.	THRIFT STORE VALUES
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial	X	2	28,800.	FAIR VAL PER COMPARA
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MEDICAL PROFE)	X	25	94,218.	BILLING RATES
26 Other ▶ (OTHER)	X	25	4,562.	THRIFT STORE VALUES
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Yes No

30a		X
31	X	
32a		X

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

Schedule M (Form 990) (2016)

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal black lines running across the width of the page. The lines are thin and consistent in thickness. There is no handwriting or other markings on the paper.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

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Open to Public
Inspection

Name of the organization

HANDS OF HOPE TUCSON

Employer identification number
94-2750922

FORM 990, PART VI, SECTION B, LINE 11B:

**THE TAX RETURN IS SUBMITTED TO THE DIRECTOR OF FINANCE, AND BOARD FOR
REVIEW PRIOR TO SIGNING BY THE EXECUTIVE DIRECTOR.**

FORM 990, PART VI, SECTION B, LINE 12C:

**THE BOARD IS APPRISED OF CONFLICTS WITH ANY BUSINESS DEALINGS PRIOR TO
VOTE.**

FORM 990, PART VI, SECTION B, LINE 15:

**THE BOARD CONSIDERS COMPARABLE DATA FROM OTHER PREGNANCY RESOURCE CENTERS
AND NON-PROFITS IN ARIZONA, LENGTH OF SERVICE.**

FORM 990, PART VI, SECTION C, LINE 18:

AT THE ADMINISTRATIVE OFFICE.

FORM 990, PART VI, SECTION C, LINE 19:

**FORM 1023, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED
FINANCIAL STATEMENTS ARE AVAILABLE AT THE ADMINISTRATIVE OFFICES AT 7777 E
SPEEDWAY, TUCSON, AZ UPON REQUEST.**

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

EDUCATIONAL MATERIALS:

PROGRAM SERVICE EXPENSES 24,498.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 24,498.

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization

HANDS OF HOPE TUCSON

Employer identification number

94-2750922

UTILITIES:

PROGRAM SERVICE EXPENSES	18,440.
MANAGEMENT AND GENERAL EXPENSES	5,000.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	23,440.

SUPPLIES/TOOLS:

PROGRAM SERVICE EXPENSES	9,977.
MANAGEMENT AND GENERAL EXPENSES	1,641.
FUNDRAISING EXPENSES	6,965.
TOTAL EXPENSES	18,583.

TELEPHONE:

PROGRAM SERVICE EXPENSES	13,913.
MANAGEMENT AND GENERAL EXPENSES	3,341.
FUNDRAISING EXPENSES	701.
TOTAL EXPENSES	17,955.

REPAIRS & MAINT:

PROGRAM SERVICE EXPENSES	12,839.
MANAGEMENT AND GENERAL EXPENSES	3,005.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,844.

PRINTING:

PROGRAM SERVICE EXPENSES	5,290.
MANAGEMENT AND GENERAL EXPENSES	1,304.

Name of the organization

HANDS OF HOPE TUCSON

Employer identification number

94-2750922

FUNDRAISING EXPENSES 8,023.

TOTAL EXPENSES 14,617.

POSTAGE:

PROGRAM SERVICE EXPENSES 68.

MANAGEMENT AND GENERAL EXPENSES 919.

FUNDRAISING EXPENSES 4,851.

TOTAL EXPENSES 5,838.

OFFICE SUPPLIES:

PROGRAM SERVICE EXPENSES 3,586.

MANAGEMENT AND GENERAL EXPENSES 1,393.

FUNDRAISING EXPENSES 586.

TOTAL EXPENSES 5,565.

CONTRIBUTION TO OTHER 501C3:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 3,075.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 3,075.

MEDICAL COSTS OF CLIENTS:

PROGRAM SERVICE EXPENSES 3,029.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 3,029.

CONTINUING EDUCATION:

Employer identification number

94-2750922

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 134,488.

COMMISSIONERS
TOM FORESE - Chairman
BOB BURNS
DOUG LITTLE
ANDY TOBIN
BOYD DUNN



ARIZONA CORPORATION COMMISSION

TED VOGT
Executive Director
PATRICIA L. BARFIELD
Director
Corporations Division

April 27, 2017

LACY BENSON
7777 E SPEEDWAY BLVD
TUCSON, AZ 85710

RE: HANDS OF HOPE TUCSON
File Number: 05058201

We are pleased to notify you that the Amendment to Articles of Incorporation for the above referenced corporation HAS BEEN APPROVED.

If the known place of business of the corporation is NOT in Maricopa County or Pima County, the document must be published. The publication must be completed within 60 days after the date of this letter, and must be in a newspaper of general circulation in the county of the known place of business in Arizona for three consecutive publications. A list of newspapers is available on the Commission website,
<http://azcc.gov/Divisions/Corporations/Newspaper-list-for-publishing.pdf>.
You may receive an Affidavit of Publication from the newspaper, and you may file it with the Commission.

If the known place of business of the corporation is in Maricopa County or Pima County, the Commission has already posted notice of the approved document on its website at <http://ecorp.azcc.gov/PublicNotice>. This posting by the Commission satisfies the statutory requirement for public notice, and no further action on your part is required in order to satisfy the notice requirement. However, at your option, you may elect to provide additional public notice by publishing a copy of the approved document in a newspaper. If you choose to publish, the publication must be completed within 60 days after the date of this letter, and must be in a newspaper of general circulation in the county of the known place of business in Arizona for three consecutive publications. A list of newspapers is available on the Commission website,
<http://azcc.gov/Divisions/Corporations/Newspaper-list-for-publishing.pdf>.

TO SUBSCRIBE TO THE ANNUAL REPORT EMAIL REMINDER SERVICE, GO ONLINE TO <http://ecorp.azcc.gov>. USE THE SERVICE FEATURE AND SELECT "SUBSCRIBE TO EMAIL REMINDER TO FILE ANNUAL REPORT." YOU CAN ALSO SUBSCRIBE USING THE SEARCH FEATURE TO FIND YOUR CORPORATION'S RECORD, THEN CLICK ON THE BUTTON FOR "ANNUAL REPORT EMAIL REMINDERS." IF YOU CHOOSE NOT TO SUBSCRIBE, YOU WILL NOT RECEIVE ANY REMINDER AT ALL FROM THE COMMISSION.

We strongly recommend that you periodically monitor your corporation's record with the Commission, which can be viewed at <http://ecorp.azcc.gov>. If you have questions or need further information, please contact us at (602) 542-3026 in Phoenix, or Toll Free (Arizona residents only) at 1-800-345-5819.

ARIZONA CORP. COMMISSION
FILED

APR 25 2017

AZ Corp. Commission



05903483

FILE NO. 0505820-1

Clear Form

Print Form

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

**ARTICLES OF AMENDMENT
NONPROFIT CORPORATION**
Read the Instructions C0151

1. **ENTITY NAME** - give the exact name of the corporation as currently shown in A.C.C. records:
THE CRISIS PREGNANCY CENTERS OF TUCSON

2. **A.C.C. FILE NUMBER:** 05058201

Find A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

3. Date the attached amendment was adopted: MARCH 23, 2017

4. Check 4.1 or 4.2, or both - also check 4.3 if applicable:

4.1 ☒ The Amendment was duly adopted by act of the Board of Directors.

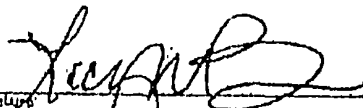
4.2 ☐ The Amendment was duly adopted by act of the Members.

AND, if applicable:

4.3 ☐ The Amendment was approved by the person or persons required by the Articles of Incorporation.

5. A copy of the corporation's amendment must be attached to these Articles.

SIGNATURE: By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.


Signature

☒ I ACCEPT

LACY BENSON

Printed Name

April 24th 2017

Date (mm/dd/yyyy)

REQUIRED - check only one:

<input checked="" type="checkbox"/> I am the Chairman of the Board of Directors of the corporation filing this document.	<input type="checkbox"/> I am a duly authorized Officer of the corporation filing this document.	<input type="checkbox"/> I am a duly authorized bankruptcy trustee, receiver, or other court-appointed fiduciary for the corporation filing this document.
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Filing Fee: \$25.00 (regular processing)
Expedited processing - add \$35.00 to filing fee.
All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Corporate Filings Section
1300 W. Washington St., Phoenix, Arizona 85007
Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.
All documents filed with the Arizona Corporation Commission are public record and are open for public inspection.
If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

EXHIBIT A
to
ARTICLES OF AMENDMENT
of
THE CRISIS PREGNANCY CENTERS OF TUCSON

ARTICLE I

Article I is amended to change the name from The Crisis Pregnancy Centers of Tucson to HANDS OF HOPE TUCSON.

RESTATED BYLAWS
June 29, 2017

**BYLAWS
OF
HANDS OF HOPE TUCSON**

**ARTICLE I
NAME**

The name of this organization shall be HANDS OF HOPE TUCSON

**ARTICLE II
PURPOSES**

SECTION 1 -- PURPOSES

As stated in the Articles of Incorporation, the Corporation is organized exclusively for educational, scientific, religious and charitable activities consistent with the purposes of the 501(c)(3) of the Internal Revenue Code. As stated in the Statement of Faith, the Statement of Principle, and the Statement of Gender, Marriage and Sexuality (below) the purposes of the Corporation are based on biblical principles

SECTION 2 -- RESTRICTION

It is not the purpose of this Corporation to influence legislation or participate in political campaigns

**ARTICLE III
STATEMENT OF FAITH**

SECTION 1 -- WORD OF GOD

We believe the Bible to be the inspired, infallible, authoritative Word of God

SECTION 2 -- GODHEAD

We believe that there is one God, eternally existent in three Persons: Father, Son, and Holy Spirit

SECTION 3 -- DEITY OF JESUS CHRIST

We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory

SECTION 4 -- HOLY SPIRIT IN SALVATION

We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential

SECTION 5 -- MEANS OF SALVATION

We believe that salvation is by grace through faith in Jesus Christ and in Him alone

SECTION 6 -- MINISTRY OF THE HOLY SPIRIT

We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life

SECTION 7 -- ETERNAL LIFE

We believe in the resurrection of both the saved and the lost, those who are saved to eternal life with God, and those who are lost to eternal life separated from God

SECTION 8 -- SPIRITUAL UNITY

We believe in the spiritual unity of believers in our Lord Jesus Christ

**ARTICLE IV
STATEMENT OF PRINCIPLE**

SECTION 1 -- SHARE THE GOSPEL

Hands of Hope Tucson is an outreach ministry of Jesus Christ through His church. Therefore, Hands of Hope Tucson, embodied in its volunteers, is committed to presenting the love of Jesus to women with unplanned pregnancies – both in word and in deed. Commensurate with this purpose, those who labor as Hands of Hope Tucson board members, staff, and volunteers are expected to know Christ as their Savior and Lord and be active in a local church body.

SECTION 2 -- OPTION EDUCATION

Hands of Hope Tucson is committed to providing its clients with accurate information about prenatal development, parenting, adoption, and abortion

SECTION 3 -- INTEGRITY

Hands of Hope Tucson is committed to integrity in dealing with clients, earning their trust, providing promised information and services, and refraining from any form of deception or pressure in corporate advertising or individual conversations.

SECTION 4 – SUPPORT

Hands of Hope Tucson is committed to assisting women to carry to term by providing emotional support and practical assistance. Through the provision of God's people and the community at large, women may face the future with hope and plan constructively for themselves and their families.

SECTION 5 – NONDISCRIMINATION

Hands of Hope Tucson will not discriminate against any client in providing services because of race, color, gender, nationality, ancestry, age, marital status, physical or mental disability, veteran's status, or any other status protected by law.

SECTION 6 – ABORTION

Hands of Hope Tucson does not recommend, provide, or refer clients for abortion.

SECTION 7 – FEE FREE

Hands of Hope Tucson Pregnancy Health Centers offer free services with the exception of STD testing and/or prenatal care where there may be a suggested small fee for service.

SECTION 8 – COMMUNITY AWARENESS

Hands of Hope Tucson is committed to creating an awareness within the local community of the needs of women facing an unplanned pregnancy and of the fact that abortion only compounds human need rather than resolving it.

SECTION 9 -- CONTRACEPTIVES

Hands of Hope Tucson does not recommend, provide, or refer single women for contraceptives.

SECTION 10 -- ADOPTION

Hands of Hope Tucson recognizes the validity of adoption as one alternative to abortion, but is not biased toward adoption when compared to other life-saving alternatives. Hands of Hope Tucson is independent of adoption agencies, relating to them in the same manner as to other helpful referral sources. Hands of Hope Tucson receives no payments of any kind from these agencies, does not enter into contractual relationships with them, and does not share combined office space. Adoption agencies are not established under the auspices of Hands of Hope Tucson. Hands of Hope Tucson neither initiates nor facilitates independent adoptions, though they may refer for independent adoptions in states where it is legal.

SECTION 11 – PEER COUNSELING

All peer counseling at Hands of Hope Tucson is rendered in the context of love and compassion for both men and women and does not involve dramatic confrontation. Ministering near abortion clinics in an orderly and non-confrontational manner does not conflict with the policies of Hands of Hope Tucson.

SECTION 12-- CONFIDENTIALITY

Hands of Hope Tucson expects staff and volunteers to keep all clients' information strictly confidential and understands that breach of confidentiality is grounds for immediate probation and/or dismissal. Further, board members, staff, and volunteers will continue to uphold confidentiality even when no longer in a relationship with Hands of Hope Tucson.

ARTICLE V STATEMENT OF GENDER, MARRIAGE, AND SEXUALITY

SECTION 1 – GENDER

We believe that God wonderfully and immutably creates each person as male or female. These two distinct, complementary genders together reflect the image and nature of God. Rejection of one's biological sex is a rejection of the image of God within that person.

SECTION 2 – MARRIAGE

We believe that the term "marriage" has only one meaning: the uniting of one man and one woman in a single, exclusive union, as delineated in Scripture. We believe that God intends sexual intimacy to occur only between a man and a woman who are married to each other. We believe that God has commanded that no intimate sexual activity be engaged in outside of a marriage between a man and a woman.

SECTION 3 – SEXUALITY

We believe that any form of sexual immorality (including adultery, fornication, homosexual behavior, bisexual conduct, bestiality, incest, and use of pornography) is sinful and offensive to God.

SECTION 4 – RESTORATION

We believe that God offers redemption and restoration to all who confess and forsake their sin, seeking His mercy and forgiveness through Jesus Christ.

SECTION 5 – ATTITUDE

We believe that every person must be afforded compassion, love, kindness, respect, and dignity. Hateful and harassing behavior or attitudes directed toward any individual are to be repudiated and are not in accord with Scripture nor the principles of Hands of Hope Tucson.

ARTICLE VI BOARD OF DIRECTOR MEMBERSHIP

SECTION 1 – NATURE OF MEMBERSHIP

There shall be one class of members who shall be the Directors of the Corporation. The term "member" is used synonymously with the term "director."

SECTION 2 – NUMBER OF DIRECTORS

The Board of Directors shall consist of at least five and not more than twelve members

SECTION 3 – QUALIFICATIONS AND COMMITMENTS OF DIRECTORS

Membership in Hands of Hope Tucson is open to those persons interested in its purposes, who have been nominated and approved by the Board of Directors and who annually sign the

1. Corporate Bylaws
2. Governance Policies
3. Statement of Faith
4. Statement of Principle
5. Statement of Marriage, Gender, and Sexuality
6. Mission/Vision
7. Conflict of Interest

The Executive Director of Hands of Hope Tucson shall be a non-voting member of the Board of Directors

SECTION 4 – SELECTION OF DIRECTORS

- 1 Notice of proposed new board members shall be given by written notice to the members of the Board at least ten days prior to the meeting at which the new members will be voted upon. Such notice should contain statements affirming that the candidate meets the qualifications for membership.
- 2 New Directors shall be approved by a two-thirds (2/3) vote of the Directors.
- 3 Whenever the Nominating Committee recommends it, Directors may be approved by mail or email. A ballot shall be mailed within 10 days after a board meeting at which a prospective candidate was presented by the Committee, or in attendance to observe pursuant to an invitation extended by the Committee, to each member of the Board of Directors, with a self-addressed, stamped return envelope or email to submit vote. The ballot shall contain a reasonable deadline for returning it to Hands of Hope Tucson, as well as the other information required under paragraph 1 of this section.

SECTION 5 – TERM OF DIRECTORS

- 1 The tenure of office of members of the Board of Directors shall be for a three year term or until their successors are elected and qualified except as stated in Section 10 of this Article. Members may be invited to renew their membership every 36 months by a vote of 2/3 of the existing board members.
- 2 A Director may request a leave of absence not to exceed six months during which time he/she shall not be counted as an active Director for purposes of a quorum.

SECTION 6 – POWERS AND RESPONSIBILITIES OF DIRECTORS

The corporate powers, business and property of the Corporation shall be exercised, conducted and controlled by the Board of Directors as provided in the Articles of Incorporation. The Board of Directors shall have full power and authority to do and perform or cause to be done and performed by and every act which the Corporation may lawfully do and perform subject, however, to the other provisions of these Bylaws. Without limiting the generality of the foregoing, the Board of Directors shall have the following powers:

- 1 To select and remove officers, agents, and employees of the Corporation, prescribe such powers and duties of them as may not be inconsistent with law, with the Articles of Incorporation or the Bylaws, and fix their compensation.
- 2 To set policy and oversee the conduct and management of the affairs and business of the Corporation not inconsistent with law, with the Articles of Incorporation or the Bylaws, as they may deem best.
- 3 To change the principal office for the transaction of the business of the Corporation from one location to another, to fix and locate from time to time one or more subsidiary offices of the Corporation within or without the State of Arizona for the holding of any meeting of the Corporation.
4. To borrow money and incur indebtedness for the purpose of the Corporation, and to cause to be executed and delivered therefore, in the corporate name, promissory notes, bonds, debentures, deeds of trust, mortgages, pledges, hypothecation or other evidence of debts and securities therefore.
- 5 To select and terminate members of the Board of Directors per Article III, Section 4 and 10.
- 6 To amend the Articles of Incorporation and the Bylaws per Article XIV.
- 7 To purchase, acquire, sell or otherwise deal in real estate which is occupied or used by the Corporation.
- 8 To control the receipt and disbursement of funds designated for use by the Corporation.
- 9 To actively support Hands of Hope Tucson in its major fund raising events, represent the Board of Directors within the community and attend Ministry functions from time to time as required.

SECTION 7 – PRESUMPTION OF ASSENT

A Director of the Corporation who is present at a meeting of the Board of Directors at which action on any corporate matter is taken shall be presumed to have assented to the action taken unless his/her dissent shall be entered in the minutes of the meeting, or unless he/she shall file his/her written dissent to such action with the person acting as the Secretary of the meeting immediately after the adjournment of the meeting. Such right to dissent shall not apply to a Director who voted in favor of such action.

SECTION 8 – DISCLOSURE OF INTEREST

No contract or other transaction between this Corporation and any other corporation and no act of this Corporation shall in any way be affected or invalidated by the fact that any of the Directors of this Corporation are commercially or otherwise interested in, any contract or transaction of the Corporation, provided the fact that he/she, or such firm, is so interested shall be disclosed or shall have been known to the Board of Directors, or a majority thereof. Any Director of this Corporation who is also a director or officer of such other corporation, or who is so interested, may be counted in determining the existence of a quorum at any meeting of the Board of Directors of this Corporation that shall authorize such contract or transaction, but shall not cast vote on matter of conflict, with like force and effect as if he/she were not such director or officer of such other corporation, or not so interested.

SECTION 9 – INDEMNIFICATION & DIRECTOR LIABILITY

- 1 The Corporation shall indemnify any person against expenses, including without limitation, court costs, attorneys' fees, judgments, fines and amounts paid in settlement, actually and reasonably incurred by reason of the fact that he/she is or was a Director, officer, employee or agent of the Corporation, or is or was serving at the request of the Corporation as a Director, officer, employee or agent of any other corporation, partnership, joint venture, trust or other enterprise, and all circumstances of which and to the extent that such indemnification is both specifically permitted and provided for by the laws of the State of Arizona as then in effect.

- 2 The personal liability of the Directors of the Corporation and its members for monetary damages for breach of a fiduciary duty as a Director is eliminated to the fullest extent permitted by the applicable provisions of the Arizona Non-Profit Corporation Act as they may be amended from time to time

SECTION 10 - TERMINATION OF DIRECTORS

A Director may be removed from membership on the Board without cause or when one or more of the following apply:

- 1 A Director terminates his membership by resignation
- 2 A Director is judicially declared incompetent
- 3 A Director dies
- 4 A Director's term of office expires
- 5 A Director is removed for any of the following reasons by a 2/3 vote of the members of the Board of Directors provided that notice of the proposed removal is given by written notice to the members of the Board at least ten days prior to the meeting at which the removal will be voted upon
- 6 A Conduct which tends to bring the affairs and purposes of the Corporation and its Lord into disrepute
- 7 An extended period of absence and/or neglectful inattention to the affairs of the Corporation
- 8 Conduct in meeting or elsewhere which is hostile and offensive toward other members of the Corporation

ARTICLE VII BOARD OF DIRECTORS MEETINGS

SECTION 1 - LOCATION OF THE MEETINGS

Board of Directors meetings may be held in any location stated in Article III, Section 6, #3

SECTION 2 - TIME OF MEETINGS

- 1 The Board of Directors shall meet at least four (4) times a year at the time and place to be determined by resolution of the Board
- 2 The first meeting in each fiscal year will be the Annual Meeting of the Corporation
- 3 Special meetings of the Board for any purpose may be called at any time by the Chair or any two Directors

SECTION 3 - NOTIFICATION OF MEETING

- 1 Notice of time, location, and purpose of all meetings of the Board of Directors shall be given by written notice to the members of the Board at least ten days prior to the day appointed for the meeting
- 2 If all Directors are present at any meeting, or if those not present sign in writing a waiver of notice of such meeting either before or after the meeting, the acts of such meetings shall be as valid as if done at a meeting legally called and noticed. All such waivers shall be filed with the corporate record or made a part of the minutes of the meeting

SECTION 4 - VOTING AT MEETINGS

- 1 At any meeting of the Board of Directors, a simple majority must be present in person or by proxy in writing, and such simple majority shall constitute a quorum for the transaction of any and all business of the Corporation except as specifically required by these Bylaws or the Articles of Incorporation.
- 2 Each Director shall have the right in person or by proxy to cast one vote and no more. All proxies must be in writing and must be given to the Board of Directors at or before the meeting
- 3 A 2/3 vote of the Directors is required to
 - a Select a new Director
 - b Remove a Director from membership on the Board of Directors
 - c Amend the Articles of Incorporation or the Bylaws
 - d Purchase, acquire, sell or otherwise deal in real property (land and/or buildings)
- 4 All other matters of business may be decided by a simple majority vote of the Directors present at any given meeting

ARTICLE VIII BOARD OF DIRECTOR OFFICERS

SECTION 1 - ELECTION OF OFFICERS

Officers of the Corporation shall be elected prior to the Annual Meeting of the Corporation. Officers shall serve for two years, beginning July 1st, and are eligible for reelection

SECTION 2 - OFFICERS

Officers shall consist of Chair, Vice Chair, Secretary, and Treasurer

SECTION 3 - VACANCIES

All vacancies in any office shall be filled by the Board of Directors without undue delay, at its regular meeting or at a meeting specially called for that purpose. Vacancies may be filled by the affirmative vote of a majority of the remaining Directors although less than a quorum of the Board of Directors, unless otherwise provided by law. A Director elected to fill the vacancy of an officer shall be elected for the unexpired term of office

SECTION 4 - TERM OF OFFICE

All officers of the Board shall serve for a term of two years. A term shall be defined as any service in excess of thirty days after election or appointment by the Board of Directors

ARTICLE IX BOARD OF DIRECTOR OFFICERS' DUTIES

SECTION 1 - CHAIR

The Chair of the Board of Directors shall preside at the meetings of the Board of Directors and shall be a member ex-officio, with right to vote, in all committees. The Chair shall also, at the Annual Meeting of the Corporation and at such other times as the Chair deems proper, communicate to the Board of Directors such matters and make suggestions as may in the Chair's opinion tend to promote the prosperity and welfare and increase the usefulness of Hands of Hope Tucson and shall perform such other duties as are necessarily incident to the office of Chair. The Chair has joint responsibility with the Vice Chair for the annual review of the Executive Director. The Chair represents the Board in announcing and interpreting Board statements and decisions.

SECTION 2 – VICE CHAIR

The Vice Chair of the Board of Directors shall be vested with all the powers and shall perform all the duties of the Chair in the event of the absence of the Chair. In case of the death, resignation or removal from office of the Chair, the Vice Chair shall be the Chair until the next election. The Vice Chair assists the Chair in ongoing Board education, training and member evaluations. The Vice Chair has joint responsibility with the Chair for the annual review of the Executive Director. He/she shall have all the powers and perform such other duties as may be prescribed from time to time by the Board of Directors.

SECTION 3 TREASURER

The Treasurer of the Board of Directors, with the help of staff, shall keep an account of all monies received and expended for the use Hands of Hope Tucson. The Treasurer shall cause all sums received to be deposited in a bank or banks approved by the Board and make a report at the Annual Meeting or when called upon by the Chair. Funds may be drawn only upon the signature of the persons designated by the Board of Directors. The Treasurer, or a designated Board member, shall be the third signer of the Corporation with our bank(s). It shall be the duty of the Treasurer to ensure that an annual report of the transactions and condition of the Corporation be prepared, with the help of staff. The Annual Report is to be included with the board minutes each year. In case of absence or disability of the Treasurer, the Finance Committee may appoint a Treasurer Pro-Tem.

SECTION 4 – SECRETARY

The Secretary of the Board of Directors, with the help of staff, shall keep the minutes of the Board of Directors meetings or may designate another to perform said duty. It shall be the duty of the Secretary to give notice of and attend all meetings of the Corporation and keep and record minutes of all meetings, to conduct all Board related correspondence and to carry into execution all orders, votes and resolutions not otherwise committed, to keep a list of the members of the Board and their appointment on committees. In case of the absence or disability of the Secretary, the Board may appoint a Secretary Pro-Tem.

ARTICLE X BOARD OF DIRECTORS COMMITTEES

SECTION 1 – NOMINATING COMMITTEE

Annually, the Chair shall appoint a committee of at least three persons to be made up of the Chair of the Board, the Executive Director of Hands of Hope Tucson, and one board member not serving as an officer of the Board. The Committee shall submit to the Board for its action:

1. Nominations for the officers of the Board
2. Nominations for Committee membership
3. Nominations for renewal of board members
4. Nominations for new board members

SECTION 2 – FINANCE COMMITTEE

This committee shall consist of at least three members, including the Treasurer as Chair, the majority of which shall be board members. It shall meet as needed. The role of this committee is to:

1. Ensure that the assets of the Corporation are safeguarded.
2. Assist the Board in fulfilling its responsibility of stewardship over the assets of the organization including supervision of the activities of the office of Treasurer and appointment of a Treasurer Pro-Tem.
3. Ensure that the transactions are properly authorized and recorded.
4. Ensure that the financial statements needed for Board/Management decisions are accurate.
5. With the essential groundwork having been done by Hands of Hope Tucson staff, this committee will prepare and recommend the annual budget to the Board of Directors before June 30th for final approval. The budget may be amended throughout the fiscal year, by action of the Finance Committee, subject to Board approval, as God provides the necessary finances.

SECTION 3 – FINANCIAL REVIEW or AUDIT COMMITTEE

The Financial Review or Audit Committee shall consist of at least three members, including the Treasurer. It will make arrangements for an annual financial review or audit, recommend an auditor, and review the financial review or annual audit. The financial review and/or audit report will be given to the full Board as soon as possible after completion.

SECTION 4 – OTHER COMMITTEES

Other committees may be appointed by the Chair with the approval of the Board of Directors. Committee functions may be established, and in the case of ad hoc committees, disbanded at the conclusion of their business or at any time the Board so decides. Any member may be removed from any committee at any time by the Board of Directors.

SECTION 5– RULES

Each committee may adopt rules for its own government not inconsistent with these Bylaws or with rules adopted by the Board of Directors.

ARTICLE XI FUNDS

SECTION 1 – DEPENDENCE ON HOLY SPIRIT

Hands of Hope Tucson's mission is a ministry of the Spirit of Jesus Christ, founded not in human ingenuity but in divine wisdom. Hands of Hope Tucson believes that Jesus Christ is totally sufficient for all needs, and trusts Him to supply whatever is needed through the working of His Spirit in His people. Hands of Hope Tucson is committed to following His directorship of the ministry by His supply of its needs.

SECTION 2 -- INCLUSION OF BELIEF IN FUNDRAISING EVENTS

Pursuant to this belief, fund raising endeavors will also represent opportunities to inform God's believers of the purposes, activities, and needs of Hands of Hope Tucson's mission. Such endeavors may include an annual banquet, educational gatherings for various specific Christian groups, and speakers in the Christian community. Other specific fund raising programs must be approved prior to implementation by a majority of the Board of Directors present at any board meeting.

ARTICLE XII EXECUTIVE DIRECTOR

SECTION 1 - APPOINTMENT

The Board of Directors may, by a 2/3 vote of its membership, appoint an Executive Director of Hands of Hope Tucson who shall further the policies established and determined by the Board of Directors and at the direction of the Board, shall, if it deems necessary, furnish bond in such amount as it may determine.

SECTION 2 -- POWER

The Executive Director will have and may exercise the powers assigned by the Board of Directors in the management of the business and affairs of the Corporation, subject to such limitations as may be set from time to time by the Board.

ARTICLE XIII FISCAL YEAR

The fiscal year of Hands of Hope Tucson shall be July 1 through June 30.

ARTICLE XIV CONFLICTING PROVISIONS

In the event of any conflict between these Bylaws and the provisions of the applicable laws of the State of Arizona, as from time to time amended, or with any applicable regulation issued thereunder, such applicable law and/or regulation shall control. In the event of any conflict between these Bylaws and the Articles of Incorporation of the Corporation, as from time to time amended, the provision in the Articles shall control.

ARTICLE XV AMENDMENT

The Articles of Incorporation and these Bylaws may be amended or repealed or new ones adopted by a 2/3 majority vote of all the members of the Board of Directors provided that the proposition to repeal or amend the Articles or Bylaws or to adopt new or additional ones shall be first submitted in writing to every member of the Board at least ten days before the meeting at which the amendments will be voted upon.