Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13)
must file Form 990. All other organizations with gross receipts less than \$3,100,000 and total assets less than
\$2,500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2008

Open to Public Inspection

Form 990-EZ (2008)

| | | 2008 calendar year, or tax year beginning , 2008, and e | ending | | , 20 |
|------------|--------------------|--|-------------------------------|--------------|--|
| B Ch | eck if plicable: | C Name of organization, number and street, city, town, state, and Z | IP code DE | mploy | er identification number |
| | dress ch | Flease | | | |
| Na | me char | nge label or print or | 14-1946849 | | |
| Init | tial return | n type. SowHope Org | E Telephone number | | |
| Ter | rminatio | See Specific | 61 | 616-874-1093 | |
| Ап | nended r | Instruc- DO D 034 | FO | roup E | xemption |
| Ap | plication nding | Rockford MI 49341- | N | lumber | ▶ |
| | | n 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attac | h G Accounting | method | : Cash X Accrual |
| | | a completed Schedule A (Form 990 or 990-EZ). | Other (spec | ify) ► | |
| I We | bsite: | • | H Check▶ | f the or | ganization is not required |
| | | ation type (check only one) - X 501(c)(3) ◀ (insert no.) 4947(a)(1) or 527 | | | (Form 990, 990-EZ, or 990-PF). |
| | eck I | | | | Supply and the second of the s |
| | | is not required, but if the organization chooses to file a return, be sure to file a comple | | iany ire | |
| _ | W. 12000 W. C. C. | 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. | ▶ \$ | | 198,111. |
| Pai | | Revenue, Expenses, and Changes in Net Assets or Fund Balar | AL 032 | etructio | |
| ı a | 1 | Contributions, gifts, grants, and similar amounts received | | | 197,110. |
| | 2 | Program service revenue including government fees and contracts | | | 15//110. |
| | 201 | Membership dues and assessments | | | |
| | 3 | | | 4 | 1,001. |
| | 4 | Investment income | ************** | . 4 | 1,001. |
| | | a Gross amount from sale of assets other than inventory | | - | |
| | | b Less: cost or other basis and sales expenses | Zanach zahadi tak | 1 | |
| 9 | ١. ٥ | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | 5 c | |
| n n | 6 | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming , check | k here | | |
| Revenue | a | a Gross revenue (not including \$ of contributions | | | |
| ď | 1 | reported on line 1) | | | |
| | | Less: direct expenses other than fundraising expenses | | | |
| | ١ ، | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) |) | . 6 c | |
| | 7 a | a Gross sales of inventory, less returns and allowances | | | |
| | l t | b Less: cost of goods sold | | | |
| | 0 | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | . 7 c | |
| | 8 | Other revenue (describe ► |) | 8 | |
| | 9 | Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | | 9 | 198,111. |
| | 10 | Grants and similar amounts paid (attach schedule) | | . 10 | 95,843. |
| | 11 | Benefits paid to or for members | | . 11 | 2,500. |
| S | 12 | Salaries, other compensation, and employee benefits | | . 12 | 31,251. |
| us | 13 | Professional fees and other payments to independent contractors | | . 13 | 50. |
| Expenses | 14 | Occupancy, rent, utilities, and maintenance | | . 14 | 564. |
| ш | 15 | Printing, publications, postage, and shipping | | 15 | 2,478. |
| | 16 | Other expenses (describe ►SEE STMT |) | . 16 | 17,518. |
| | 17 | Total expenses Add lines 10 through 16 | | 17 | 150,204. |
| 7925 | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | _ | 47,907. |
| Net Assets | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must ag | | W | |
| 88 | 1.5 | end-of-year figure reported on prior year's return) | . 19 | 11,021. | |
| et/ | 20 | Other changes in net assets or fund balances (attach explanation) | | 1 | 11/001 |
| z | 21 | - Parking and the control of the con | | | 58,928. |
| Par | | Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or mo | | - | |
| 1 21 | | | | | |
| 22 0 | ack. | (See the instructions.) | (A) Beginning of year 41,232. | | (B) End of year 59, 327. |
| | | savings, and investments | 41,434. | | 23,341. |
| | | nd buildings | | 23 | 2 510 |
| | | assets (describe ► SEE STMT) | 41 000 | 24 | 2,510. |
| | | ssets | 41,232. | 100000 | 61,837. |
| | | abilities (describe ► SEE STMT) | 30,211. | 26 | 2,909. |
| 27 N | et as: | sets or fund balances (line 27 of column (B) must agree with line 21) | 11,021. | 27 | 58,928. |

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

| Form 990-EZ (2008) SOWHODE OLG | | | 14 | -194 | 6849 Page 2 |
|--|---------------------------------------|-----------------------------------|-------------|-------------------------------|--------------------------|
| Part III Statement of Program Service Accom | | | | | Expenses |
| What is the organization's primary exempt purpose? Assi | | | | (Requ | ired for 501(c)(3) & (4) |
| Describe what was achieved in carrying out the organization's ex | xempt purposes. In a clea | ar and concise manner, | | organi | zations and 4947(a)(1 |
| describe the services provided, the number of persons benefited | d, or other relevant inform | ation for each program | title. | trusts; | optional for others.) |
| 28 Wellness programs to serve th | ne physical a | nd emotiona | 1 | | |
| needs of women whose health i | s at risk, 5 | 2 women | | | |
| impacted through AIDS care | | | | | |
| (Grants \$ 3,773.) If this amount includes | foreign grants, check her | re | ► X | 28a | 25,496. |
| 29 Education programs that teach | | | | | |
| vocational and technical trai | ning for 3,0 | 00 women | | | |
| | , | | | | |
| (Grants \$ 89,220.) If this amount includes | foreign grants, check her | re | ▶ X | 29a | 102,840. |
| 30 Economic programs that provide | | | | | |
| business training for 860 wom | | o and bhall | | | |
| business claiming for our won | icii | | | | |
| 2 050 1 441 | facilities and the state of the | | ▶ X | | 10 201 |
| (Grants \$ 2,850.) If this amount includes | | | | 30a | 18,394. |
| 31 Other program services (attach schedule) | | | | | |
| | foreign grants, check her | | > | 31a | 146 720 |
| 32 Total program service expenses (add lines 28a through 3 | | | | 32 | 146,730. |
| Part IV List of Officers, Directors, Trustees, a | | | | | ated. See the instr.) |
| (a) Name and address | (b) Title & average hours per week | (c) Compensation (If not paid, | | tributions to benefit plan | |
| **** | devoted to position | `enter -0) ' | | red comp. | other allowance: |
| Mary Dailey Brown | President | | | | |
| 9177 Walnu Rockford MI 49341 | 4.0 | 23,849. | 7 | ,402 | |
| Dr Diana Sharp | Chairpersn | | | | |
| 25965 Shag Batavia IL 60510 | 6 | 0 | | | |
| Doreen Mangrum | Vice Chair | | | | |
| 1784 Blueh Grand Rapi MI 49525 | 6 | 0 | | | |
| Bonnie Conley | Secretary | | | | |
| 6433 Sulli Belmont MI 49306 | 16 | 0 | | | |
| David Crawford | Treasurer | | | | |
| 1500 Kelly Lowell MI 49331 | 8 | 0 | | | |
| Chandy Colley | Board Memb | | | | |
| 4660 E Bel Grand Rapi MI 49525 | 2 | 0 | | | |
| Jean Graham | Board Memb | | | _ | |
| 2436 Crand Grand Rapi MI 49506 | Doura nemb | 0 | | | |
| Dr Virginia Hodgkinson | Board Memb | 0 | | | |
| 1907 Windm Alexandria VA 22307 | Dodia Memb | 0 | | | |
| | Board Memb | U | | | |
| Ainar Nurtay | | 0 | | | |
| 658 Lake M Grand Rapi MI 49504 | 2 | 0 | | | |
| Dr Pamela Ogor | Board Memb | | | | |
| 4755 N She Milwaukee WI 53211 | 6 | 0 | | | |
| Hon Thomas Pearce | Board Memb | | | | |
| 5530 Sunfi Rockford MI 49341 | 1 | 0 | | | |
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| Pai | art V Other Information (Note the statement requirements | in the instructions for Part VI.) | | | |
|--------|--|--|------------|-------|------|
| | | | | Yes | No |
| 33 | Did the organization engage in any activity not previously reported to | | | | 17 |
| | description of each activity | | 33 | | X |
| 34 | Were any changes made to the organizing or governing documents by | | | | v |
| | | | | | X |
| 35 | | | | | |
| | but not reported on Form 990-T, attach a statement explaining your r | | 10-1. | | |
| а | | | 25- | | v |
| | and proxy tax requirements? | | | - | X |
| b | | | 35b | | _ |
| 36 | | | 20 | | Х |
| | complete applicable parts of Schedule N | | | - | |
| 37 a | 50 Minor their representative in the control of the | | | T | X |
| b | A CONTROL OF THE CONT | | 37b | | Ι Λ |
| 38 a | | | 20- | 1 | lv |
| | any such loans made in a prior year and still unpaid at the start of the | | 38a | | X |
| b | | lved | | | |
| 39 | Section 501(c)(7) organizations. Enter: | les les | 120 | | |
| a | | | | | |
| b | | 39 b | | | |
| 40 a | | | | | |
| | | ; section 4955 ► | during | 1 | 1 |
| b | the year or did it become aware of an excess benefit transaction from | | | | Х |
| С | | | diti 400 | | 21 |
| C | sections 4912, 4955, and 4958 | | 100 | 15.34 | |
| d | | A SECURIO DE LA CONTRACTOR DE LA CONTRAC | | Barri | |
| | | and the second comments of the second | 2 | | |
| е | If "Yes," complete Form 8886-T. | DO TONO EL COLORECTRO DE CONTRACTOR DE CARDONA CARRACTER DE CARDONA DE CARDON | | | X |
| 41 | List the states with which a copy of this return is filed. | | 400 | | - 24 |
| 42 a | | Telephone no. ▶ 616-682- | -0540 | | - |
| 72 a | Located at > 9177 Walnut Grove Dr NE MI | | 9341-8370 | 1 | - |
| h | b At any time during the calendar year, did the organization have an int | | 7311 0370 | | - |
| | over a financial account in a foreign country (such as a bank account | | | Yes | No |
| | account)? | | | 163 | X |
| | If "Yes," enter the name of the foreign country: ▶ | | | 1 | ** |
| | See the instructions for exceptions and filing requirements for Form | TD F 90-22 1 Report of Foreign Bank | - F.C. | | |
| | and Financial Accounts. | | | | |
| С | | office outside of the U.S.? | 42c | 1 1 | X |
| 1.100 | If "Yes," enter the name of the foreign country: ▶ | | | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in | lieu of Form 1041 - Check here | | | Г |
| 1000 | and enter the amount of tax-exempt interest received or accrued during | The state of the s | | | L |
| | | 10 | | | |
| | | | | Yes | No |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form | m 990 must be completed instead of | | 163 | 110 |
| | Form 990-EZ | 222aor de sompleted motede of | | | X |
| 45 | Is any related organization a controlled entity within the meaning of so | ection 512(b)(13)? If "Yes " Form 990 must | | | |
| 105.71 | be completed instead of Form 990-EZ | | 45 | | X |
| - | | | Form 990-I | F7 (2 | |

| accondidates for public office? If "Yes," completes Schedule C, Part I | 46 Did ti | and complete the tables for lines 5 | | tivities on hehalf of or i | n opposition to | | Yes No |
|--|--------------------|--|--|---|--|---|-----------------------------|
| A | | | | | | 16 | TELEVISION NAMED IN ACCOUNT |
| the complete this table for the five highest compensated employees (b) Title and average paid more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each employee paid more than \$100,000 of compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (b) Title and average paid more than \$100,000 of compensation from the organization. If there is none, enter "None." (c) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization. If there is none, enter "None." (b) Type of service (c) Compensation of the independent contractors each receiving over \$100,000 (b) Type of service (c) Compensation of the independent contractors each receiving over \$100,000 (b) Type of service (c) Compensation of the independent contractors each receiving over \$100,000 (b) Type of service (c) Compensation of the independent of the indep | | the second secon | | | | CONTRACTOR OF STREET | 10000 |
| ## Bill of the organization make any transfers to an exempt non-charitable related organization? ## Bill Ves," was the related organization(s) a section 527 organization? ## Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." ## Bill Ves," was the related organization(s) a section 527 organization? ## Bill Ves," was the related organization of the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." ## Bill Ves," was the related organization of other employees benefit plans is a cocount and other allowances. ## Bill Ves, "was the related organization of other employees benefit plans is a cocount and other allowances." ## Bill Ves and average (c) Compensation (d) Contributions to employee benefit plans is account and other allowances. ## Bill Ves and average (c) Compensation (d) Contributions to employee benefit plans is account and other allowances. ## Bill Ves and average (c) Compensation (d) Contributions to employee benefit plans is account and other allowances. ## Bill Ves and average (c) Compensation (d) Contributions to employee benefit plans is account and other allowances. ## Bill Ves and average (c) Compensation (d) Contributions to employee benefit plans is account and other allowances. ## Bill Ves and average (c) Compensation (d) Contributions to employee benefit plans is account and other allowances. ## Bill Ves and average (c) Compensation (d) Contributions to employee benefit plans is account and other allowances. ## Bill Ves and average (c) Compensation (d) Compensation (d) Contributions to employee benefit plans is account and other allowances. ## Bill Ves and average (c) Compensation (d) Compensation (d) Compensation (d) Compensation (d) Compensation (d) | | name (all and a such and a such and a subject of the first of the such | | | | | |
| b If "Yes," was the related organization(s) a section 527 organization? Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None." (b) Title and average hours per week devoted to position deferred compensation of the employee benefit plans is account and other allowances. NONE Total number of other employees paid over \$100,000▶ 17 Coal number of other employees paid over \$100,000▶ 18 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE Total number of other independent contractors each receiving over \$100,000▶ Total number of other independent contractors each receiving over \$100,000▶ Total number of other independent contractors each receiving over \$100,000▶ Total number of other independent contractors each receiving over \$100,000▶ Total number of other independent contractors each receiving over \$100,000▶ Total number of other independent contractors each receiving over \$100,000▶ Total number of other independent contractors each receiving over \$100,000▶ Total number of other independent contractors each receiving over \$100,000▶ Total number of other independent contractors each receiving over \$100,000▶ Total number of other independent contractors each receiving over \$100,000▶ Total number of other independent contractors each receiving over \$100,000▶ Total number of other independent contractors each receiving over \$100,000▶ Total number of other independent contractors each receiving | | | | | | ALCOHOLOGY ROLL | |
| Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each employee paid more than \$100,000 NONE (b) Title and average (c) Compensation employee benefit plans & account and other allowances devoted to position (c) Compensation (d) Contributions to employee benefit plans & account and other allowances (d) Name and address of each employees paid over \$100,000 (e) Expense employee benefit plans & account and other allowances (for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (d) Contributions to employee benefit plans & account and other allowances (e) Compensation (f) Compensation (h) Type of service (c) Compensation (d) Contributions to employee benefit plans & account and other allowances (e) Compensation (f) Type of service (e) Compensation (f) Type of service (g) Compensation (h) Type of service (h) Type of | | | | | | 100000000000000000000000000000000000000 | Λ |
| each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each employee paid more than \$100,000 NONE (b) Title and average horse preview devoted to position (c) Compensation (d) Contributions to employee benefit plans & deferred compensation other allowances (e) Expense account and other allowances NONE (a) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (c) Expense account and other allowances (d) Contributions to employee benefit plans & deferred compensation of the previous and other allowances (d) Contributions to employee benefit plans & deferred compensation of the previous and other allowances (e) Expense (f) Compensation (g) Compensation (h) Type of service (e) Compensation (h) Type of service (e) Compensation (e) Expense (f) Compensation (h) Type of service (e) Compensation (e) Expense (f) Compensation (h) Type of service (e) Compensation (f) Type of service (f) Compensation (f) Type of service (f) Compensation (f) Type of service (f) Compensation (f) Comp | | | | | | | |
| (a) Name and address of each employee paid more than \$100,000 blooms allowances deferred compensation other allowances **NONE** **Total number of other employees paid over \$100,000 blooms and other allowances of the employees paid over \$100,000 blooms and other allowances of the employees paid over \$100,000 blooms and other allowances of the employees paid over \$100,000 blooms and other allowances of the employees paid over \$100,000 blooms and other allowances of the employees paid over \$100,000 blooms and other allowances of the employees paid over \$100,000 blooms and other allowances of the employees paid over \$100,000 blooms and other allowances of the employees paid over \$100,000 blooms and other allowances of the employees paid over \$100,000 blooms and \$100 | | | And the second second section in the second second | | - Marie Carlotte | oyees) who | |
| paid more than \$100,000 devoted to position deferred compensation other allowances NONE Total number of other employees paid over \$100,000▶ 151 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE Under penalties of perjay, I feedate that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and ballet, it is true, correct, and complete. Declaration of proparer (other than officer) is based on all information of which preparer has any knowledge. Mary Dailey Brown President | | | (b) Title and average | (c) Compensation | (d) Contributions to | (e) Ex | pense |
| Total number of other employees paid over \$100,000 | (a) Nar | me and address of each employee | hours per week | | employee benefit plans | & accou | nt and |
| Total number of other employees paid over \$100,000 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 | | paid more than \$100,000 | devoted to position | | deferred compensatio | n other all | owances |
| Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE Total number of other independent contractors each receiving over \$100,000▶ 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 O5/13/2009 | NONE | | | | | | |
| Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE Total number of other independent contractors each receiving over \$100,000▶ 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 O5/13/2009 | | | | | | | |
| Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE Total number of other independent contractors each receiving over \$100,000▶ 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 O5/13/2009 | Total number o | of other employees paid over \$100 000 | | | | | |
| 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 05/13/2009 | (a) Na NONE | ame and address of each independent | contractor paid more than | \$100,000 | (b) Type of service | (c) Comp | ensation |
| 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. Mary Dailey Brown Date | Total numbe | er of other independent contractors ea | ach receiving over \$100,000 | 0 | | | |
| Paid Preparer's Use Only Signature Devid Crawford EA 05/13/2009 employed ▶ X P00021180 Firm's name (or yours if self-employed), address, and ZIP+4 Signature Devid Crawford EA 05/13/2009 employed ▶ X P00021180 Crawford Bookkeeping & Tax Svcs EIN ▶ 1500 Kelly Lane Phone no. ▶616-682-0540 | Sign Here | Under penalties of perjury, I declare that I have and belief, it is true, correct, and complete. De Signature of officer Mary Dailey Bro | e examined this return, including ac claration of preparer (other than offi | companying schedules and sta ccer) is based on all information | n of which preparer has any knowled 05/13/2 Date | edge. | |
| if self-employed), address, and ZIP+4 1500 Kelly Lane Lowell MI 49331− Phone no. ▶616-682-0540 | Paid Preparer's | Preparer's signature David Crawf | ord EA 0 | /13/2009 emp | oloyed ► X F | [H. 1987] H. 1987] H. 1987] H. 1987] H. 1987] | CONTRACTOR CONTRACTOR |
| 1.10101101.012.002.0010 | Use Only | if self-employed), 1500 | Kelly Lane | | | 16-682- | 0540 |
| | May the IRS | | | tions | | | |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Employer identification number

14-1946849

SowHope Org Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete the Support Schedule in Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organ-(v) Did you (vi) Is the (vii) Amount of organization in organization (described on lines 1-9 ization in col. notify the support above or IRC section (i) listed in your col. (i) organization in (see instructions)) governing col. (i) of your organized document? support? in the U.S.? Yes No Yes Yes No No Total

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.)

| Sec | tion A. Public Support | | | | | | | |
|--------|---|-----------------|------------------|---------------------------------|--------------------------------------|---|--|--|
| Ca | lendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total | |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | 0 0000000000000000000000000000000000000 | | |
| | include any "unusual grants.") | | | 52337. | 78811. | 197110. | 328258. | |
| 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 | | | 50007 | 70011 | 107110 | 200050 | |
| 4 | Total. Add lines 1-3 | | | 52337. | 78811. | 197110. | 328258. | |
| 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 | | | | | In later | | |
| | the amount shown on line 11, | | | | | | | |
| | column (f) | | | | | | 220250 | |
| 6 | Public support. Subtract line 5 from line 4. | | (Tarrison) | | | | 328258. | |
| 110010 | ection B. Total Support | (-) 2004 | (h) 2005 | (=) 2006 | (4) 2007 | (=) 2008 | (6) Total | |
| | lendar year (or fiscal year beginning in) ▶ Amounts from line 4 | (a) 2004 | (b) 2005 | (c) 2006 52337. | (d) 2007 78811. | (e) 2008 197110. | (f) Total 328258. | |
| 7 | Gross income from interest, dividends, | | | 32331. | 70011. | 13/110. | 320230. | |
| 0 | payments received on securities loans, | | | | | | | |
| | rents, royalties and income from similar | | | | | | | |
| | sources | | | | 239. | 1001. | 1240. | |
| 9 | Net income from unrelated business | | | | 255. | 1001. | 1240. | |
| 3 | activities, whether or not the business is | | | | | | | |
| | regularly carried on | | 117 | | | | | |
| 10 | Other income. Do not include gain or | | | | | | | |
| | loss from the sale of capital assets | | | | | | | |
| | (Explain in Part IV.) | | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 329498. | |
| 12 | Gross receipts from related activities, etc. (see | instructions) | | | | 12 | 323130. | |
| 13 | First five years. If the Form 990 is for the orga | | | | | | | |
| | organization, check this box and stop here | | | | | | ▶ 🏻 | |
| Se | ction C. Computation of Public Sup | | | | | ****** | F | |
| 14 | Public support percentage for 2008 (line 6, colu | | _ | n (f)) | | 14 | 0.00 % | |
| 15 | Public support percentage from 2007 Schedule | | | | | 15 | 0.00 % | |
| 16a | 33 1/3% support test - 2008. If the organization | | | | | | | |
| | and stop here. The organization qualifies as a | | | | | | [| |
| b | 33 1/3% support test - 2007. If the organization | n did not check | a box on line 13 | or 16a, and line 1 | 5 is 33 1/3% or | more, check this | box | |
| | and stop here. The organization qualifies as a | | | | | | · · | |
| 17a | 10% facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported | | | | | | | |
| | organization | | | | | | ▶ [| |
| b | 10% facts-and-circumstances test - 2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly | | | | | | | |
| | supported organization | | | Design the second second second | APPROXIMATION OF THE PROPERTY OF THE | -100000-0000-000 | Г | |
| 18 | Private foundation. If the organization did not | | | | | | And Andrews are and admitted to the same and | |
| | instructions | | | | | | Г | |
| | THE REPORT OF THE PROPERTY OF | | | | | le A (Form 990 o | | |