| Form <b>990</b> |
|-----------------|
|-----------------|

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2022

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

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

Open to Public

| Depa          | rtment of    | the Treasury               |                                 | ww.irs.gov/Form990 for instructions   | •                      | •                | •                 |                               |  |  |
|---------------|--------------|----------------------------|---------------------------------|---|------------------------|------------------|-------------------|-------------------------------|--|--|
| Interr        | nal Reven    | ue Service                 |                                 | Inspection  |                        |                  |                   |                               |  |  |
| Α             | For the      | e 2022 calend              | ar year, or tax year begin      | ning  | , <b>2022</b> , ar     | nd ending        |                   | , 20                          |  |  |
| В             | Check if a   | applicable:                | C Name of organization HO       | PE NETWORK MINISTRIES, IN   | C                      |                  | D Em              | ployer identification number  |  |  |
|               | Address of   | change                     | Doing business as               |   |                        |                  |                   | 75-2684368                    |  |  |
|               | Name cha     | ange                       | E Tel                           | ephone number   |                        |                  |                   |                               |  |  |
|               | Initial retu | urn                        | PO BOX 274                      |   |                        |                  |                   | (214)287-7287                 |  |  |
| Π             | Final retu   | urn/terminated             | <b>G</b> Gr                     | oss receipts  |                        |                  |                   |                               |  |  |
| Π             | Amended      | d return                   | KELLER, TX 762                  | country, and ZIP or foreign postal code   |                        |                  | \$                | 586,843                       |  |  |
|               |              | on pending                 | F Name and address of principal |   |                        | H(a) is          | this a group retu | rn for subordinates? Yes X No |  |  |
|               | , approduce  | on ponung                  |                                 | Ibordinates included?   |                        |                  |                   |                               |  |  |
|               | Tax-oxon     | npt status: X              |                                 | list. See instructions  |                        |                  |                   |                               |  |  |
|               | Website:     |                            | 501(c)(3) 501(c) (              | ) (insert no.) 4947(a)(1) or  | 527                    |                  |                   |                               |  |  |
|               |              |                            |                                 |   |                        |                  | roup exemption    |                               |  |  |
|               |              | -                          |                                 | ociation Other  | L Year of formatio     | n: 1996          | M State of        | egal domicile: <b>TX</b>      |  |  |
| Гd            | irt I        | Summar                     | /                               |   |                        |                  |                   |                               |  |  |
|               | 1            | -                          | -                               | · · · · · · · · · · · · · · · · · · ·   |                        |                  |                   | ST BY COACHING,               |  |  |
| ø             |              |                            |                                 | ISIONARY CHRISTIAN LEADER   |                        |                  |                   |                               |  |  |
| Ŭ             |              | WITH MEE                   | TINGS/TRAINING/IN               | TERIM PREACHING. APPROXIM   | ATELY 20,5             | 500 PEOPLI       | E AFFEC           | TED                           |  |  |
| Governance    |              |                            |                                 |   |                        |                  |                   |                               |  |  |
| Š             | 2            | Check this be              | ox 🗌 if the organization d      | iscontinued its operations or disposed of   | of more than 25%       | % of its net as  | sets.             |                               |  |  |
| ŏ             | 3            | Number of v                | oting members of the gove       | rning body (Part VI, line 1a)   |                        |                  | 3                 | 12                            |  |  |
| Activities &  | 4            | Number of ir               | ndependent voting members       | s of the governing body (Part VI, line 1b   | )                      |                  | 4                 | 10                            |  |  |
| itie          | 5            |                            |                                 | calendar year 2022 (Part V, line 2a)  |                        |                  |                   | 0                             |  |  |
| žť            | 6            |                            | r of volunteers (estimate if r  |   |                        |                  |                   |                               |  |  |
| ¥             | 7a           |                            | ,                               | Part VIII, column (C), line 12  |                        |                  |                   | 0                             |  |  |
|               |              |                            |                                 | from Form 990-T, Part I, line 11  |                        |                  |                   |                               |  |  |
|               |              | Not unrelate               |                                 |   | <u></u>                | Prior            |                   | Current Year                  |  |  |
|               | 8            | Contributions              | and grants (Part VIII line      | 1h)   |                        |                  | 176,515           |                               |  |  |
| a)            |              |                            |                                 |   |                        |                  |                   |                               |  |  |
| nu            | 9            | -                          |                                 | $\Rightarrow 2g) \dots \dots$ |                        |                  | 326,316           |                               |  |  |
| Revenue       | 10           |                            |                                 | A), lines 3, 4, and 7d)   |                        |                  |                   | 0                             |  |  |
| Ř             | 11           |                            |                                 | les 5, 6d, 8c, 9c, 10c, and 11e)  |                        |                  |                   | 0                             |  |  |
|               | 12           |                            | · · ·                           | must equal Part VIII, column (A), line 12   | ,                      |                  | 502,831           |                               |  |  |
|               | 13           |                            | • •                             | X, column (A), lines 1-3)   |                        |                  |                   | 0                             |  |  |
|               | 14           | Benefits paid              | d to or for members (Part IX    | K, column (A), line 4)  |                        |                  |                   | 0                             |  |  |
|               | 15           | Salaries, oth              | er compensation, employee       | e benefits (Part IX, column (A), lines 5-1  | 0)                     |                  | 413,830           | 471,874                       |  |  |
| Expenses      | 16a          |                            | • •                             | column (A), line 11e)   |                        |                  |                   | 0                             |  |  |
| ben           | b            | Total fundrai              | sing expenses (Part IX, col     | umn (D), line 25)   | 0                      |                  |                   |                               |  |  |
| Щ             | 17           | Other expension            | ses (Part IX, column (A), lin   | nes 11a-11d, 11f-24e)   |                        |                  | 83,546            | 86,514                        |  |  |
|               | 18           | Total expens               | es. Add lines 13-17 (must       | equal Part IX, column (A), line 25) .   |                        |                  | 497,382           | 558,388                       |  |  |
|               | 19           | Revenue les                | s expenses. Subtract line ?     | 18 from line 12   |                        |                  | 5,449             | 28,455                        |  |  |
| -             | s            |                            |                                 |   |                        | Beginning of     | Current Yea       | End of Year                   |  |  |
| ets o         | <u>8</u> 20  | Total assets               | (Part X, line 16)               |   |                        |                  | 148,653           | 150,266                       |  |  |
| Asse          | 21           | Total liabilitie           | es (Part X, line 26)            |   |                        |                  |                   | 900                           |  |  |
| Net Assets or | 22           |                            | (                               | line 21 from line 20  |                        |                  | 148,653           |                               |  |  |
|               | nrt II       |                            | re Block                        |   |                        |                  |                   |                               |  |  |
|               |              |                            |                                 | rn, including accompanying schedules and stateme  | nts, and to the best o | f my knowledge a | nd belief, it is  |                               |  |  |
|               |              |                            |                                 | cer) is based on all information of which preparer ha   |                        | , ,              | ,                 |                               |  |  |
|               |              |                            | CEADY CDA                       |   |                        |                  |                   |                               |  |  |
| Sig           | ın           | ALAN<br>Signature of offic | STARK, CPA                      |   |                        |                  | l                 | Date                          |  |  |
| -             |              | Ū                          |                                 |   |                        |                  |                   | 2010                          |  |  |
| He            | e            |                            | STARK, CPA, TREA                | SURER   |                        |                  |                   |                               |  |  |
|               |              | Type or print nar          |                                 |   |                        |                  |                   | DTH                           |  |  |
|               |              | Print/Type pre             | eparer's name                   | Preparer's signature  | Date                   |                  | heck X i          | f PTIN                        |  |  |
| Pai           | d            | E Alan                     | Stark                           |   | 04-05-202              | 2 <b>3</b> se    | elf-employed      | P01232458                     |  |  |

| Form | 990 (2022) HOPE NETWORK MINISTRIES, INC 75-2684368 Page 2  |
|------|--|
| Pa   | rt III Statement of Program Service Accomplishments  |
|      | Check if Schedule O contains a response or note to any line in this Part III   |
| 1    | Briefly describe the organization's mission:   |
|      | FURTHER GOSPEL OF JESUS CHRIST BY COACHING, MENTORING AND EQUIPPING VISIONARY CHRISTIAN LEADERS.                               |
|      | BOOKS AND TRAINING PACKAGES SOLD ALONG WITH MEETINGS/TRAINING/INTERIM PREACHING. APPROXIMATELY                                 |
|      | 20,500 PEOPLE AFFECTED   |
| 2    | Did the organization undertake any significant program services during the year which were not listed on the                   |
| 2    | prior Form 990 or 990-EZ?  |
|      | 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?  |
|      | 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 \$522,666 including grants of \$) (Revenue \$)   |
|      | BY COACHING, MENTORING AND EQUIPPING VISIONARY CHRISTIAN LEADERS. BOOKS AND TRAINING PACKAGES                                  |
|      | SOLD ALONG WITH MEETINGS/TRAINING/INTERIM PREACHING. APPROXIMATELY 20,500 PEOPLE AFFECTED                                      |
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| 4b   | (Code:) (Expenses \$ including grants of \$) (Revenue \$)  |
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| 4c   | (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )   |
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| 4d   | Other program services (Describe on Schedule O.)   |
| 40   | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 4e   | Total program service expenses 522,666   |
| EEA  | Form <b>990</b> (2022)   |

|      | 1990 (2022) HOPE NETWORK MINISTRIES, INC 75-26   | 34368        | F   | Page 3 |
|------|--|--------------|-----|--------|
| Pa   | rt IV Checklist of Required Schedules  |              | Yes | No     |
| 1    | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"  |              | Tes | NO     |
|      | complete Schedule A  | . 1          | x   |        |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | . 2          | x   |        |
| 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to   |              |     |        |
|      | candidates for public office? If "Yes," complete Schedule C, Part I  | . 3          |     | 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? If "Yes," complete Schedule C, Part II   | . 4          |     | 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  | . 5          |     | x      |
| 6    | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors  |              |     |        |
|      | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If  |              |     |        |
|      | "Yes," complete Schedule D, Part I   | . 6          |     | х      |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |              |     |        |
|      | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | . 7          |     | х      |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"  |              |     |        |
|      | complete Schedule D, Part III  | . 8          |     | 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? If "Yes," complete Schedule D, Part IV  | . 9          |     | х      |
| 10   | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   | 10           |     |        |
| 44   | or in quasi endowments? If "Yes," complete Schedule D, Part V  | . 10         |     | x      |
| 11   | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,   |              |     |        |
| 2    | VII, VIII, IX, or X as applicable.<br>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>  |              |     |        |
| a    | complete Schedule D, Part VI   | . 11a        | x   |        |
| h    | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more  | . 11a        |     |        |
| -    | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | . 11b        |     | x      |
| с    | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more   |              |     |        |
|      | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | . 11c        |     | 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? If "Yes," complete Schedule D, Part IX  | . 11d        |     | x      |
| е    | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | . 11e        |     | x      |
| 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)? If "Yes," complete Schedule D, Part X   | . 11f        |     | х      |
| 12a  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |              |     |        |
|      | Schedule D, Parts XI and XII   | . 12a        |     | х      |
| b    | Was the organization included in consolidated, independent audited financial statements for the tax year? If   |              |     |        |
|      | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   |              |     | х      |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  |              |     | x      |
| 14a  | Did the organization maintain an office, employees, or agents outside of the United States?  | . <u>14a</u> |     | 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 |              |     |        |
|      |  | . 14b        |     | v      |
| 15   | foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>  | . 140        |     | x      |
| 15   | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.  | . 15         |     | x      |
| 16   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other   | . 15         |     | ~      |
|      | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | . 16         |     | 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? If "Yes," complete Schedule G, Part I See instructions   | . 17         |     | x      |
| 18   | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on  |              |     |        |
|      | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | . 18         |     | x      |
| 19   | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?   |              |     |        |
|      | If "Yes," complete Schedule G, Part III  | . 19         |     | x      |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  |              |     | x      |
|      | 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  | . 21         |     | x      |

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|-----------|--|------------|-----|-----|--------|
| Pa        | rt IV Checklist of Required Schedules (continued)  |            |     | V   | NI -   |
| 22        | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  | [          |     | Yes | No     |
| 22        | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  |            | 22  |     | x      |
| 23        | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the  |            | LL  |     | ~      |
| 20        | organization's current and former officers, directors, trustees, key employees, and highest compensated  |            |     |     |        |
|           | employees? If "Yes," complete Schedule J.  |            | 23  |     | 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   |            | 24a |     | x      |
| b         | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | • • • • [  | 24b |     |        |
| С         | Did the organization maintain an escrow account other than a refunding escrow at any time during the year  |            |     |     |        |
|           | to defease any tax-exempt bonds?   |            | 24c |     |        |
| d         | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | • • • •    | 24d |     |        |
| 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  | ••••       | 25a |     | х      |
| b         | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior   |            |     |     |        |
|           | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?   |            |     |     |        |
|           | If "Yes," complete Schedule L, Part I  | ••••       | 25b |     | x      |
| 26        | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  |            |     |     |        |
|           | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  |            |     |     |        |
| <b>07</b> | controlled entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>   | ••••       | 26  |     | x      |
| 27        | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key  |            |     |     |        |
|           | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee   |            |     |     |        |
|           | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III  |            | 27  |     | v      |
| 28        | Was the organization a party to a business transaction with one of the following parties (see the Schedule L,  |            | 21  |     | x      |
| 20        | Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):  |            |     |     |        |
| а         | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If   |            |     |     |        |
| u         | "Yes," complete Schedule L, Part IV.   |            | 28a |     | x      |
| b         | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | f          | 28b |     | x      |
| c         | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If   |            |     |     |        |
|           | "Yes," complete Schedule L, Part IV  |            | 28c |     | x      |
| 29        | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | f          | 29  |     | x      |
| 30        | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified   |            |     |     |        |
|           | conservation contributions? If "Yes," complete Schedule M  |            | 30  |     | x      |
| 31        | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | ••••       | 31  |     | x      |
| 32        | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"  |            |     |     |        |
|           | complete Schedule N, Part II   | • • • •    | 32  |     | х      |
| 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  | ••••       | 33  |     | х      |
| 34        | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,   |            |     |     |        |
|           | or IV, and Part V, line 1  | t t        | 34  |     | х      |
| 35a       | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | ••••       | 35a |     | х      |
| 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  | •••        | 35b |     | x      |
| 36        | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable   |            | 26  |     |        |
| 27        | related organization? If "Yes," complete Schedule R, Part V, line 2  | ••••       | 36  |     | x      |
| 37        | Did the organization conduct more than 5% of its activities through an entity that is not a related organization<br>and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI |            | 37  |     | v      |
| 38        | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and   | •••        | 31  |     | x      |
| 50        | 19? Note: All Form 990 filers are required to complete Schedule O  |            | 38  | x   |        |
| Par       |  | •••        | 50  | л   |        |
| ı al      | Check if Schedule O contains a response or note to any line in this Part V   |            |     |     |        |
|           |  | ••••       |     | Yes | No     |
| 1a        | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   | 10         |     |     |        |
| b         | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b   | 0          |     |     |        |
| С         | Did the organization comply with backup withholding rules for reportable payments to vendors and   | -          |     |     |        |
|           | reportable gaming (gambling) winnings to prize winners?  | <u>.</u> . | 1c  | х   |        |
|           |  |            | -   |     | (      |

Form 990 (2022)

|        | 990 (2022) HOPE NETWORK MINISTRIES, INC  |              | 75-26843 | 68       | F   | Page 5 |
|--------|--|--------------|----------|----------|-----|--------|
| Pa     | rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)   | 1            | 1        |          | Yes | No     |
| 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 returm                                      | 2a           | 0        |          |     |        |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                     |              |          | 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 on 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             | ər,          |          |          |     |        |
|        | 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 (FE                    | BAR).        |          |          |     |        |
| 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      |
| с      | 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                     |              |          |          |     |        |
| -      |  |              |          | 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                        |              |          |          |     |        |
| u      | and services provided to the payor?  |              |          | 7a       |     |        |
| 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                           | •••          |          |          |     |        |
| Ũ      | required to file Form 8282?  |              |          | 7c       |     | ĺ      |
| d      | If "Yes," indicate the number of Forms 8282 filed during the year.   | 1            | 1        | 10       |     |        |
| 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, to pay premiums on a personal benefit contract?        |              |          | 76<br>7f |     |        |
|        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as             |              |          | 7g       |     |        |
| g<br>h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? |              |          | 79<br>7h |     |        |
|        | Sponsoring organization metalog maintaining donor advised funds. Did a donor advised fund maintained by the                        | •••          |          |          |     | -      |
| 8      |  |              |          | 8        |     |        |
| •      | sponsoring organization have excess business holdings at any time during the year?   | •••          |          | •        |     | -      |
| 9      | Sponsoring organizations maintaining donor advised funds.  |              |          | 00       |     |        |
| 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:  |              | I        |          |     |        |
| а      | 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  | 1 <b>0</b> b |          | -        |     |        |
| 11     | Section 501(c)(12) organizations. Enter:   |              | I        |          |     |        |
| 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.   |              |          |          |     |        |
| а      | Is the organization licensed to issue qualified health plans in more than one state?   | •••          |          | 13a      |     |        |
|        | Note: See the instructions for additional information the organization must report on Schedule O.                                  | I            | I        |          |     |        |
| 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          |          | -        |     |        |
| С      | Enter the amount of reserves on hand   | 13c          |          |          |     |        |
| 14a    | Did the organization receive any payments for indoor tanning services during the tax year?   |              |          | 14a      |     | х      |
| b      | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q                          |              |          | 14b      |     |        |
| 15     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                      |              |          |          |     |        |
|        | excess parachute payment(s) during the year?   |              |          | 15       |     | х      |
|        | If "Yes," see the instructions and file Form 4720, Schedule N.   |              |          |          |     |        |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .                  |              |          | 16       |     | x      |
|        | If "Yes," complete Form 4720, Schedule O.  |              |          |          |     |        |
| 17     | Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activitie                   | es           |          |          |     |        |
|        | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?   |              |          | 17       |     |        |
|        | If "Yes," complete Form 6069.  |              |          |          |     |        |

| Forr       | m 990 (2022) HOPE NETWORK MINISTRIES, INC  | 75-26843                                | 68     | Р   | age 6 |
|------------|--|---|--------|-----|-------|
| Pa         | art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b  | below, and for a                        | a "No" |     |       |
|            | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O   | . See instructior                       | IS.    |     |       |
|            | Check if Schedule O contains a response or note to any line in this Part VI  |   |        |     | х     |
| Se         | ction A. Governing Body and Management   |   |        |     |       |
|            |  | 1                                       |        | Yes | No    |
| 1a         | Enter the number of voting members of the governing body at the end of the tax year  | 12                                      |        |     |       |
|            | 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 on Schedule O.  |   |        |     |       |
| b          | Enter the number of voting members included in line 1a, above, who are independent   | 10                                      |        |     |       |
| 2          | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with   |   | 2      |     | v     |
| 3          | any other officer, director, trustee, or key employee?   | ••••                                    | 2      |     | х     |
| 3          |  |   | 3      |     | x     |
| 4          | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.  | ł                                       | 4      |     | x     |
| 5          | Did the organization become aware during the year of a significant diversion of the organization's assets?   | t                                       | 5      |     | x     |
| 6          | Did the organization have members or stockholders?   | -                                       | 6      |     | 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?   |   | 7a     |     | x     |
| b          | Are any governance decisions of the organization reserved to (or subject to approval by) members,  |   |        |     |       |
|            | stockholders, or persons other than the governing body?  |   | 7b     |     | х     |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during   |   |        |     |       |
|            | the year by the following:   |   |        |     |       |
| а          | The governing body?  | t i i i i i i i i i i i i i i i i i i i | 8a     | х   |       |
| b          | Each committee with authority to act on behalf of the governing body?  |   | 8b     | х   |       |
| 9          | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at   |   | •      |     |       |
| <u>Soc</u> | the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q  |   | 9      |     | x     |
|            | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.  | <u>)</u>                                |        | Yes | No    |
| 10a        | Did the organization have local chapters, branches, or affiliates?   | [                                       | 10a    | 103 | x     |
|            | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,   |   | 100    |     | А     |
| -          | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  |   | 10b    |     |       |
| 11a        | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the  | ł                                       | 11a    | x   |       |
| b          | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |   |        |     |       |
| 12a        | Did the organization have a written conflict of interest policy? If "No," go to line 13  |   | 12a    | x   |       |
| b          | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to c   | onflicts?                               | 12b    | х   |       |
| С          | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  |   |        |     |       |
|            | describe on Schedule O how this was done   | t t                                     | 12c    | х   |       |
| 13         | Did the organization have a written whistleblower policy?  |   | 13     | х   |       |
| 14         | Did the organization have a written document retention and destruction policy?   |   | 14     | x   |       |
| 15         | Did the process for determining compensation of the following persons include a review and approval by   |   |        |     |       |
| _          | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |   | 45-    |     |       |
| a<br>h     | The organization's CEO, Executive Director, or top management official   | t                                       | 15a    | X   |       |
| b          | Other officers or key employees of the organization  | ••••                                    | 15b    | 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?   |   | 16a    |     | 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?  |   | 16b    |     |       |
| Sec        | tion C. Disclosure   |   |        |     |       |
| 17         | List the states with which a copy of this Form 990 is required to be filed   |   |        |     |       |
| 18         | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section  | on 501(c)                               |        |     |       |
|            | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.   |   |        |     |       |
|            | Own website Another's website I Upon request Other (explain on Schedule  | ,                                       |        |     |       |
| 19         | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest part figure the transfer of the public during the transfer of the transfer | oolicy,                                 |        |     |       |
| 20         | 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.<br>GRADY KING (214)287-7287, PO BOX 274, KELLER, TX 76244  |   |        |     |       |
|            | GRADI RING (214/20/-/20/, PU DUA 2/4, RELLER, TA /0244   |   |        |     |       |

| Form 990 (2022   | 2) HOPE NETWORK MINISTRIES, INC  | 75-2684368          | Page 7  |
|------------------|--|---------------------|---------|
| Part VII         | Compensation of Officers, Directors, Trustees, Key Employees, Highest C  | Compensated Employe | es, 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 t    | nis table for all persons required to be listed. Report compensation for the calendar year ending wit  | th or within the    |         |
| organization's t | ax year.   |                     |         |
|                  | he organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regard<br>Enter -0- in columns (D), (E), and (F) if no compensation was paid. | dless of amount of  |         |

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See instructions for the order in which to list the persons above.

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

|                    | lited organizat        |  |                       |         | (C)          | .,                              |        |                                |                                     |                          |
|--------------------|------------------------|--|-----------------------|---------|--------------|---------------------------------|--------|--------------------------------|-------------------------------------|--------------------------|
| (A)                | (B)                    |  | Position              |         |              | (D)                             | (E)    | (F)                            |                                     |                          |
| Name and title     | Average                | (do not check more than one<br>box, unless person is both an |                       |         |              |                                 |        | Reportable                     | Reportable                          | Estimated amount         |
|                    | hours                  |  |                       |         |              | (trustee)                       |        | compensation                   | compensation                        | of other                 |
|                    | per week               |  |                       |         |              |                                 |        | from the<br>organization (W-2/ | from related<br>organizations (W-2/ | compensation<br>from the |
|                    | (list any<br>hours for | or d   | Insti                 | Officer | Key          | Highest compensated<br>employee | Former | 1099-MISC/                     | 1099-MISC/                          | organization and         |
|                    | related                | Individual trustee<br>or director                            | Institutional trustee | ĕr      | Key employee | loye                            | ner    | 1099-NEC)                      | 1099-NEC)                           | related organizations    |
|                    | organizations          | or if true   | nal ti                |         | loye         | e                               |        |                                |                                     |                          |
|                    | below<br>dotted line)  | stee   | uste                  |         | e            | bens                            |        |                                |                                     |                          |
|                    | dotted line)           |  | e                     |         |              | ated                            |        |                                |                                     |                          |
|                    |                        |  |                       |         |              |                                 |        |                                |                                     |                          |
| (1) MARY_BOGGUS    | 1.00                   |  |                       |         |              |                                 |        |                                |                                     |                          |
| DIRECTOR           |                        | х  |                       |         |              |                                 |        | 0                              | 0                                   | 0                        |
| (2) RODDY_BOGGUS   | 1.00                   |  |                       |         |              |                                 |        |                                |                                     |                          |
| DIRECTOR           |                        | х  |                       |         |              |                                 |        | 0                              | 0                                   | 0                        |
| (3) GINGER STARK   | 1.00                   |  |                       |         |              |                                 |        |                                |                                     |                          |
| DIRECTOR           |                        | х  |                       |         |              |                                 |        | 0                              | 0                                   | 0                        |
| (4) MANDA_ROSSER   | 1.00                   |  |                       |         |              |                                 |        |                                |                                     |                          |
| DIRECTOR           |                        | х  |                       |         |              |                                 |        | 0                              | 0                                   | 0                        |
| (5) AUBREY ROSSER  | <u>1.0</u> 0           |  |                       |         |              |                                 |        |                                |                                     |                          |
| DIRECTOR           |                        | х  |                       |         |              |                                 |        | 0                              | 0                                   | 0                        |
| (6) GAIL_VANNOY    | 1.00                   |  |                       |         |              |                                 |        |                                |                                     |                          |
| DIRECTOR           |                        | х  |                       |         |              |                                 |        | 0                              | 0                                   | 0                        |
| (7) JON MULLICAN   | 1.00                   |  |                       |         |              |                                 |        |                                |                                     |                          |
| DIRECTOR           |                        | х  |                       |         |              |                                 |        | 0                              | 0                                   | 0                        |
| (8) KAREN_KING     | 1.00                   |  |                       |         |              |                                 |        |                                |                                     |                          |
| DIRECTOR           |                        | х  |                       |         |              |                                 |        | 0                              | 0                                   | 0                        |
| (9) RAY_VANNOY     | 1.00                   |  |                       |         |              |                                 |        |                                |                                     |                          |
| DIRECTOR           |                        | х  |                       |         |              |                                 |        | 0                              | 0                                   | 0                        |
| (10) DANA_MULLICAN | 1.00                   |  |                       |         |              |                                 |        |                                |                                     |                          |
| DIRECTOR           |                        | х  |                       |         |              |                                 |        | 0                              | 0                                   | 0                        |
| (11) GRADY_KING    | 35.00                  |  |                       |         |              |                                 |        |                                |                                     |                          |
| PRESIDENT          |                        | х  |                       | х       |              |                                 |        | 0                              | 0                                   | 0                        |
| (12)ALAN_STARK     | 1.00                   |  |                       |         |              |                                 |        |                                |                                     |                          |
| TREASURER          |                        | х  |                       | х       |              |                                 |        | 0                              | 0                                   | 0                        |
| (13)               |                        |  |                       |         |              |                                 |        |                                |                                     |                          |
| (14)               |                        |  |                       |         |              |                                 |        |                                |                                     |                          |
|                    |                        |  |                       |         |              |                                 |        |                                |                                     |                          |

|               | 990 (2022) HOPE NETWORK MINI   |   |                                   |                        |   |              |                                 |   |   |                                    | 5-2684   |  |                                  | age <b>8</b> |
|---------------|--|---|-----------------------------------|------------------------|---|--------------|---------------------------------|---|---|------------------------------------|----------|--|----------------------------------|--------------|
| Part          | (A)<br>Name and title  | (B)<br>Average<br>hours<br>per week   | (do r<br>box,                     | Pos<br>eck m<br>ss per | (C)<br>sition<br>nore than one<br>rson is both an<br>irector/trustee) |              |                                 | (D)<br>Reportable<br>compensation<br>from the | (E)<br>Reportable<br>compensation<br>from related | ble<br>ation<br>ited               | Estim    | (F)<br>ated am<br>of other<br>npensati | ount                             |              |
|               |  | (list any<br>hours for<br>related<br>organizations<br>below<br>dotted line) | Individual trustee<br>or director | Institutional trustee  | Officer   | Key employee | Highest compensated<br>employee | Former  | organization (W-2/<br>1099-MISC/<br>1099-NEC)     | organization<br>1099-MI<br>1099-NE | sc/      | orgai                                  | rom the<br>nization<br>I organiz |              |
| <u>(15)</u>   |  |   | -                                 |                        |   |              |                                 |   |   |                                    |          |  |                                  |              |
| (16)_         |  |   | -                                 |                        |   |              |                                 |   |   |                                    |          |  |                                  |              |
| <u>(17)</u>   |  |   | -                                 |                        |   |              |                                 |   |   |                                    |          |  |                                  |              |
| (18)_         |  |   | -                                 |                        |   |              |                                 |   |   |                                    |          |  |                                  |              |
| <u>(19)</u>   |  |   | -                                 |                        |   |              |                                 |   |   |                                    |          |  |                                  |              |
| (20)_         |  |   | -                                 |                        |   |              |                                 |   |   |                                    |          |  |                                  |              |
| <u>(21</u> )_ |  |   | -                                 |                        |   |              |                                 |   |   |                                    |          |  |                                  |              |
| (22)          |  |   | -                                 |                        |   |              |                                 |   |   |                                    |          |  |                                  |              |
| <u>(</u> 23)  |  |   | -                                 |                        |   |              |                                 |   |   |                                    |          |  |                                  |              |
| (24)_         |  |   | -                                 |                        |   |              |                                 |   |   |                                    |          |  |                                  |              |
| (25)          |  |   | -                                 |                        |   |              |                                 |   |   |                                    |          |  |                                  |              |
| 1b<br>c<br>d  | Subtotal   | ion A .   |                                   |                        |   |              |                                 | -<br>-  | 0   |                                    | 0        |  |                                  | 0            |
| 2             | Total number of individuals (including but not limit reportable compensation from the organization   |   |                                   |                        |   |              |                                 |   |   | of                                 | 1        |  |                                  | 0            |
| 3             | Did the organization list any <b>former</b> officer, direc   |   | •                                 |                        |   |              | -                               |   | •   |                                    |          |  | Yes                              | No           |
| 4             | employee on line 1a? If "Yes," complete Schedul<br>For any individual listed on line 1a, is the sum of re<br>organization and related organizations greater th | eportable co  | ompensa                           | ation                  | and   | lothe        | er com                          | npen  | sation from the                                   |                                    |          | 3                                      |                                  | x            |
| 5             | <i>individual</i>  |   | • • • •                           |                        | ••  | •••          |                                 |   |   |                                    |          | 4                                      |                                  | x            |
| Sect          | for services rendered to the organization? If "Yes<br>ion B. Independent Contractors   | s," complete  | e Sched                           | ule .                  | J for   | suc          | h pers                          | on .  |   |                                    |          | 5                                      |                                  | х            |
| 1             | Complete this table for your five highest compensa   | ted indepen   | ident co                          | ntrac                  | ctors   | s that       | recei                           | ved   | more than \$100,00                                | 0 of                               |          |  |                                  |              |
|               | compensation from the organization. Report comp<br>(A)   | ensation for  | the cal                           | enda                   | ar ye   | ear e        | nding                           | with  | or within the organ<br>(B)                        | nization's ta                      | ax year. | (C)                                    |                                  |              |
|               | Name and business addres   | S   |                                   |                        |   |              |                                 |   | Description of servic                             | es                                 |          | Compens                                | ation                            |              |
|               |  |   |                                   |                        |   |              |                                 |   |   |                                    |          |  |                                  |              |
|               |  |   |                                   |                        |   |              |                                 |   |   |                                    |          |  |                                  |              |
| 2             | Total number of independent contractors (includin received more than \$100,000 of compensation fro   | -   |                                   | thos                   | e lis   | ted a        | above)                          | ) who   | 0   |                                    |          |  |                                  |              |

| Form 9  | 990 (20 | 22) HOPE  | NET     | WORK MIN              | <u>IS</u> T | RIES, INC               |                      |  | 75-26843                             | 68 Page 9   |
|---|---------|---|---------|-----------------------|-------------|-------------------------|----------------------|--|--------------------------------------|---|
| Part  | VIII    | Statement of Rev                                  | /enu    | ie                    |             |                         |                      |  |                                      |   |
|   |         | Check if Schedule O co                            | ontair  | <u>is a r</u> esponse | or n        | ote to any line in this | Part VIII            |  | <u></u>                              | <u></u> [   |
|   |         |   |         |                       |             |                         | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512–514 |
|   | 1a      | Federated campaigns .                             |         |                       | 1a          |                         |                      |  |                                      |   |
| <i>(</i> <b>0</b>   | b       | Membership dues                                   |         |                       | 1b          |                         |                      |  |                                      |   |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | c       | Fundraising events                                |         |                       | 1c          |                         |                      |  |                                      |   |
|   | d       | Related organizations .                           |         |                       | 1d          |                         |                      |  |                                      |   |
|   | е       | Government grants (conti                          | ributi  | ons)                  | 1e          |                         |                      |  |                                      |   |
| s, G<br>mila  | f       | All other contributions, gif                      | fts, gr | ants,                 |             |                         |                      |  |                                      |   |
| tion:<br>sr Sir   |         | and similar amounts not i                         | nclud   | led above             | 1f          | 123,080                 |                      |  |                                      |   |
| Othe  | g       | Noncash contributions inc                         | clude   | d in                  |             |                         |                      |  |                                      |   |
| nd f  |         | lines 1a-1f                                       |         |                       | 1g          | \$                      |                      |  |                                      |   |
| ы<br>С  | h       | Total. Add lines 1a-1f                            |         |                       |             |                         | 123,080              |  |                                      |   |
|   |         |   |         |                       |             | Business Code           |                      |  |                                      |   |
| <i>a</i>  | 2a      | BOOK/TAPE SALES                                   |         |                       |             | 900099                  | 606                  | 606  |                                      |   |
| , vice  | b       | TRAINING/EVENTS                                   |         |                       |             | 900099                  | 345,221              | 345,221                                      |                                      |   |
| jram Serv<br>Revenue                                      | c       | MENTORING   |         |                       |             | 900099                  | 53,144               | 53,144                                       |                                      |   |
| Program Service<br>Revenue                                | d       | MISC  |         |                       |             | 900099                  | 64,792               | 64,792                                       |                                      |   |
| ß   | е       |   |         |                       |             |                         |                      |  |                                      |   |
| Ě   |         | All other program service                         |         |                       |             |                         |                      |  |                                      |   |
|   | g       | Total. Add lines 2a-2f .                          | ••      |                       | • •         |                         | 463,763              |  |                                      |   |
|   | 3       | Investment income (includ                         |         |                       |             |                         |                      |  |                                      |   |
|   |         | other similar amounts) .                          |         |                       |             | F                       |                      |  |                                      |   |
|   | 4       | Income from investment of                         |         | •                     | -           | -                       |                      |  |                                      |   |
|   | 5       | Royalties   | •••     |                       | • •         |                         |                      |  |                                      |   |
|   |         | <b>a</b> <i>i</i>                                 |         | (i) Real              |             | (ii) Personal           |                      |  |                                      |   |
|   |         | Gross rents                                       |         |                       |             |                         |                      |  |                                      |   |
|   |         | Less: rental expenses                             |         |                       |             |                         |                      |  |                                      |   |
|   |         | Rental income or (loss)                           | 6C      |                       |             |                         |                      |  |                                      |   |
|   |         | Net rental income or (loss)                       | ) .     |                       |             |                         |                      |  |                                      |   |
|   | 7a      | Gross amount from                                 |         | (i) Securities        | 6           | (ii) Other              |                      |  |                                      |   |
|   |         | sales of assets                                   | 7a      |                       |             |                         |                      |  |                                      |   |
|   | h       | other than inventory<br>Less: cost or other basis | 10      |                       |             |                         |                      |  |                                      |   |
| ~   |         | and sales expenses                                | 76      |                       |             |                         |                      |  |                                      |   |
| nu  |         | Gain or (loss)                                    |         |                       |             |                         |                      |  |                                      |   |
| Other Revenue   |         | Net gain or (loss)                                |         |                       |             |                         |                      |  |                                      |   |
| r<br>R  |         | Gross income from fundra                          |         |                       |             |                         |                      |  |                                      |   |
| Othe  | 04      |   | -       |                       |             |                         |                      |  |                                      |   |
| 0   |         | of contributions reported of                      |         | <u> </u>              |             |                         |                      |  |                                      |   |
|   |         | 1c). See Part IV, line 18                         |         |                       | 8a          |                         |                      |  |                                      |   |
|   | Ь       | Less: direct expenses .                           |         |                       | 8b          |                         |                      |  |                                      |   |
|   |         | Net income or (loss) from                         |         |                       |             |                         |                      |  |                                      |   |
|   |         | Gross income from gamin                           |         | <b>J</b>              |             |                         |                      |  |                                      |   |
|   |         | activities, See Part IV, line                     | -       |                       | 9a          |                         |                      |  |                                      |   |
|   | b       | Less: direct expenses .                           |         |                       | 9b          | ,                       |                      |  |                                      |   |
|   | c       | Net income or (loss) from                         | gami    | ng activities         |             |                         |                      |  |                                      |   |
|   |         | Gross sales of inventory, I                       | -       | -                     |             |                         |                      |  |                                      |   |
|   |         | returns and allowances .                          | •••     |                       | 10a         |                         |                      |  |                                      |   |
|   | b       | Less: cost of goods sold                          |         |                       | 10          | b l                     |                      |  |                                      |   |
|   |         | Net income or (loss) from                         |         |                       |             | <u></u>                 |                      |  |                                      |   |
|   |         |   |         |                       |             | Business Code           |                      |  |                                      |   |
| SU  | 11a     |   |         |                       |             |                         |                      |  |                                      |   |
| Ine   | b       |   |         |                       |             | 1 1                     |                      |  |                                      |   |
| scellanou<br>Revenue                                      | c       |   |         |                       |             |                         |                      |  |                                      |   |
| Miscellanous<br>Revenue                                   |         | All other revenue                                 | •••     |                       | •           |                         |                      |  |                                      |   |
| 2   |         | Total. Add lines 11a-11d                          |         |                       |             |                         |                      |  |                                      |   |
|   | 12      | Total revenue. See instru                         | uction  | s                     |             |                         | 586.843              | 463.763                                      | 0                                    | 0   |

1

2

3

л

8b, 9b, and 10b of Part VIII.

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 . . **(D)** Fundraising (A) Total expenses (B) Program service (C) Management and Do not include amounts reported on lines 6b, 7b, expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . Ponofito noid to or for momboro

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| 4  | Benefits paid to or for members                           |
|----|---|
| 5  | Compensation of current officers, directors,              |
|    | trustees, and key employees                               |
| 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                                  |
| 8  | Pension plan accruals and contributions (include          |
|    | section 401(k) and 403(b) employer contributions)         |
| 9  | Other employee benefits                                   |
| 10 | Payroll taxes   |
| 11 | Fees for services (nonemployees):                         |
| а  | Management  |
| b  | Legal   |
| С  | Accounting  |
| d  | Lobbying  |
| е  | 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 Schedule O.)        |
| 12 | Advertising and promotion                                 |
| 13 | Office expenses   |
| 14 | Information technology                                    |
| 15 | Royalties   |
| 16 | Occupancy   |
| 17 | Travel  |
| 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                 |
| 23 | Insurance   |
| 24 | Other expenses. Itemize expenses not covered              |
|    | above (List miscellaneous expenses on line 24e. If        |
|    | line 24e amount exceeds 10% of line 25, column            |
|    | (A), amount, list line 24e expenses on Schedule O.)       |
| а  | MISC  |
| b  |   |
| С  |   |
| d  |   |
| е  | All other expenses  |
| 25 | Total functional expenses. Add lines 1 through 24e        |
| 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)

|   | 471,874 | 471,874 |        |   |
|---|---------|---------|--------|---|
|   |         |         |        |   |
|   |         |         |        |   |
|   |         |         |        |   |
|   |         |         |        |   |
|   |         |         |        |   |
|   | 47,866  | 47,866  |        |   |
|   |         |         |        |   |
|   |         |         |        |   |
|   |         |         |        |   |
|   |         |         |        |   |
|   |         |         |        |   |
|   |         |         |        |   |
|   |         |         |        |   |
|   | 297     |         | 297    |   |
|   | 22,481  |         | 22,481 |   |
|   |         |         |        |   |
|   |         |         |        |   |
|   |         |         |        |   |
|   |         |         |        |   |
|   |         |         |        |   |
|   |         |         |        |   |
|   | 2,926   | 2,926   |        |   |
|   |         |         |        |   |
|   |         |         |        |   |
|   |         |         |        |   |
|   | 3,250   |         | 3,250  |   |
|   |         |         |        |   |
|   |         |         |        |   |
|   |         |         |        |   |
|   |         |         |        |   |
|   | 9,694   |         | 9,694  |   |
|   |         |         |        |   |
|   |         |         |        |   |
|   |         |         |        |   |
|   |         |         |        |   |
|   | 558,388 | 522,666 | 35,722 | ( |
|   |         |         |        |   |
|   |         |         |        |   |
| 1 | 1       |         |        |   |

| Par                         |          | Balance Sheet  |            |                        |                   |           | _                         |
|-----------------------------|----------|--|------------|------------------------|-------------------|-----------|---------------------------|
|                             |          | Check if Schedule O contains a response or not   | e to ar    | ny line in this Part X | (A)               |           | (B)                       |
|                             | 4        | Cook non interest bearing  |            |                        | Beginning of year | 4         | End of year               |
|                             | 1        | Cash - non-interest-bearing  |            | -                      | 117,858           | 1         | 147,935                   |
|                             | 2        | Savings and temporary cash investments   |            | F                      |                   | 2         |                           |
|                             | 3        | Pledges and grants receivable, net   |            | F                      | 00.464            | -         |                           |
|                             | 4        | Accounts receivable, net   |            |                        | 28,464            | 4         |                           |
|                             | 5        | Loans and other receivables from any current or former   |            |                        |                   |           |                           |
|                             |          | trustee, key employee, creator or founder, substantial co  |            |                        |                   | 5         |                           |
|                             | 6        | controlled entity or family member of any of these perso<br>Loans and other receivables from other disqualified person |            |                        |                   | 5         |                           |
|                             | 6        |  |            |                        |                   | 6         |                           |
|                             | 7        | under section 4958(f)(1)), and persons described in sec<br>Notes and loans receivable, net                             |            |                        | 0 0 0 1           | 7         | 0 001                     |
| its                         | 7<br>8   | Inventories for sale or use  |            | F                      | 2,331             | 8         | 2,331                     |
| Assets                      |          | Prepaid expenses and deferred charges  |            | -                      |                   | 9         |                           |
| ◄                           | 9        |  |            |                        |                   | 9         |                           |
|                             | 10a      | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D                                    | 100        | 48.158                 |                   |           |                           |
|                             | h        | Less: accumulated depreciation   |            |                        |                   | 100       |                           |
|                             | b        |  |            |                        |                   | 10c<br>11 |                           |
|                             | 11       | Investments - publicly traded securities<br>Investments - other securities. See Part IV, line 11                       |            |                        |                   | 12        |                           |
|                             | 12       |  |            | -                      |                   | 12        |                           |
|                             | 13       | Investments - program-related. See Part IV, line 11 .  |            |                        |                   | 13        |                           |
|                             | 14       | Intangible assets  |            | 14                     |                   |           |                           |
|                             | 15<br>16 |  |            |                        | 140 (52)          | 16        | 150 000                   |
|                             | 17       | <b>Total assets.</b> Add lines 1 through 15 (must equal line Accounts payable and accrued expenses                     |            |                        | 148,653           | 17        | <u>    150,266</u><br>900 |
|                             | 18       | Grants payable   |            | 17                     | 900               |           |                           |
|                             | 19       | Deferred revenue   |            | 19                     |                   |           |                           |
|                             | 20       | Tax-exempt bond liabilities  | -          |                        | 20                |           |                           |
|                             | 20       | Escrow or custodial account liability. Complete Part IV  |            |                        |                   | 20        |                           |
|                             | 21       | Loans and other payables to any current or former offic  |            |                        |                   | 21        |                           |
| Liabilities                 | ~~~      | trustee, key employee, creator or founder, substantial co  |            |                        |                   |           |                           |
| bili                        |          | controlled entity or family member of any of these perso   |            |                        |                   | 22        |                           |
| Lia                         | 23       | Secured mortgages and notes payable to unrelated thi   |            |                        |                   | 23        |                           |
|                             | 24       | Unsecured notes and loans payable to unrelated third   |            |                        |                   | 24        |                           |
|                             | 25       | Other liabilities (including federal income tax, payables  |            | F                      |                   |           |                           |
|                             | 20       | parties, and other liabilities not included on lines 17-24)  |            |                        |                   |           |                           |
|                             |          | of Schedule D  | •          |                        |                   | 25        |                           |
|                             | 26       | Total liabilities. Add lines 17 through 25   |            |                        | 0                 | 26        | 900                       |
|                             |          | Organizations that follow FASB ASC 958, check her  | _          |                        |                   |           |                           |
|                             |          | and complete lines 27, 28, 32, and 33.   | - <u> </u> | ·                      |                   |           |                           |
| ces                         | 27       | -  |            |                        |                   | 27        |                           |
| lan                         | 28       |  |            |                        |                   | 28        |                           |
| Ba                          |          | Organizations that do not follow FASB ASC 958, ch  |            |                        |                   |           |                           |
| pur                         |          | and complete lines 29 through 33.  |            |                        |                   |           |                           |
| г<br>Ц                      | 29       | Capital stock or trust principal, or current funds   |            |                        |                   | 29        |                           |
| ts c                        | 30       | Paid-in or capital surplus, or land, building, or equipmen   |            |                        |                   | 30        |                           |
| sse                         | 31       | Retained earnings, endowment, accumulated income, o  |            | -                      | 148,653           | 31        | 149,366                   |
| Net Assets or Fund Balances | 32       | Total net assets or fund balances  |            | F                      | 148,653           | 32        | 149,366                   |
| ž                           | 33       | Total liabilities and net assets/fund balances   |            |                        | 148,653           | 33        | 150,266                   |
| EA                          |          | · · · · · · · · · · · · · · · · · · ·  |            |                        | ,                 |           | Form <b>990</b> (2022)    |

HOPE NETWORK MINISTRIES, INC

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75-2684368

Form 990 (2022)

| Form | 990 (2022) HOPE NETWORK MINISTRIES, INC   | 75-268436 | 8    | Pa           | age <b>12</b> |
|------|---|-----------|------|--------------|---------------|
| Par  | rt XI Reconciliation of Net Assets  |           |      |              |               |
| -    | Check if Schedule O contains a response or note to any line in this Part XI                                     |           |      |              | х             |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1         |      | 586,         | 843           |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2         |      | 558,         | 388           |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | 3         |      | 28,          | 455           |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                       | 4         |      | 148,         | 653           |
| 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 on Schedule O)  | 9         |      | (27,         | ,742)         |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line                  |           |      |              |               |
|      | 32, column (B))   | 10        |      | 149,         | 366           |
| Par  | rt XII Financial Statements and Reporting   |           |      |              |               |
|      | Check 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: X Cash Other Other  |           |      |              |               |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain on           |           |      |              |               |
|      | Schedule O.   |           |      |              |               |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                 |           | 2a   |              | x             |
|      | 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:  |           |      |              |               |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |           |      |              |               |
| b    | Were the organization's financial statements audited by an independent accountant?                              |           | 2b   |              | x             |
|      | 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:  |           |      |              |               |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |           |      |              |               |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of  |           |      |              |               |
|      | the audit, review, or compilation of its financial statements and selection of an independent accountant?       |           | 2c   |              |               |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on   |           |      |              |               |
|      | Schedule O.   |           |      |              |               |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the |           |      |              |               |
|      | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |           | 3a   |              |               |
| 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 on Schedule O and describe any steps taken to undergo such audits         | <u></u>   | 3b   |              |               |
| EEA  |   |           | Form | n <b>990</b> | (2022)        |

| SCHE  | DULE | Α |
|-------|------|---|
| (Form | 990) |   |

# **Public Charity Status and Public Support**

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

| OMB No. 1545-004 | 7 |
|------------------|---|
| 2022             |   |

|         |          | f the Treasury     |                            | Attac                  | h to Form 990 or Form                                  | 990-EZ.            |                             |  | Open to Public                       |
|---------|----------|--------------------|----------------------------|------------------------|--|--------------------|-----------------------------|--|--------------------------------------|
| Interna | I Rever  | nue Service        | Go to                      | www.irs.gov/For        | m990 for instructions                                  | and the la         | test inforn                 | nation.                                | Inspection                           |
| Name    | of the o | organization       |                            |                        |  |                    |                             | Employer identification                | on number                            |
| HOPE    | NET      | WORK MINI          | STRIES, INC                |                        |  |                    |                             | 75-268436                              | 58                                   |
| Part    | : 1      | Reason             | for Public Cha             | rity Status. (Al       | I organizations mus                                    | st comple          | ete this p                  | art.) See instruct                     | ions.                                |
| The o   | ganiza   | ation is not a p   | private foundation b       | ecause it is: (For lir | nes 1 through 12, check of                             | only one bo        | .)                          | ,                                      |                                      |
| 1       | ΠA       | church, conve      | ention of churches,        | or association of c    | hurches described in se                                | ction 170          | (b)(1)(A)(i)                |  |                                      |
| 2       | ΠA       | school descri      | bed in section 170         | (b)(1)(A)(ii). (Attac  | h Schedule E (Form 990                                 | 0).)               |                             |  |                                      |
| 3       |          |                    |                            |                        | ion described in section                               |                    | (A)(iii).                   |  |                                      |
| 4       | ΠA       | medical resea      | arch organization o        | perated in conjunct    | tion with a hospital desc                              | ribed in <b>se</b> | ction 170(                  | (b)(1)(A)(iii). Enter the              | Э                                    |
|         |          |                    | , city, and state:         |                        |  |                    |                             |  |                                      |
| 5       | _        | •                  |                            | enefit of a college o  | r university owned or op                               | erated by a        | a governme                  | ental unit described in                |                                      |
|         | se       | ection 170(b)      | (1)(A)(iv). (Comple        | ete Part II.)          |  |                    | •                           |  |                                      |
| 6       | _        |                    |                            |                        | I unit described in section                            | on 170(b)(         | 1)(A)(v).                   |  |                                      |
| 7       | X Ar     | n organization     | that normally recei        | ives a substantial pa  | art of its support from a g                            | governmen          | tal unit or f               | rom the general public                 |                                      |
|         |          | -                  | -                          | (vi). (Complete Par    |  |                    |                             |  |                                      |
| 8       | _        |                    |                            |                        | (vi). (Complete Part II.)                              |                    |                             |  |                                      |
| 9       | _        | -                  |                            |                        | ction 170(b)(1)(A)(ix) o                               | perated in         | conjunctio                  | n with a land-grant co                 | ollege                               |
|         | or       | university or      | a non-land-grant co        | llege of agriculture   | (see instructions). Enter                              | the name,          | city, and st                | tate of the college or                 | -                                    |
|         | ur       | niversity:         | 0                          | 0 0                    | , ,  |                    |                             | Ū                                      |                                      |
| 10      | Ar       | n organization     | that normally recei        | ives: (1) more than    | 33 1/3% of its support fr                              | om contrib         | utions, mer                 | nbership fees, and gro                 | SS                                   |
|         | re       | ceipts from ac     | tivities related to its    | s exempt functions,    | subject to certain excep                               | tions; and         | (2) no mor                  | e than 33 1/3% of its                  |                                      |
|         |          |                    |                            |                        | ousiness taxable income<br>e section 509(a)(2). (Co    |                    |                             | ) nom businesses                       |                                      |
| 11      |          |                    | -                          |                        | to test for public safety.                             |                    |                             | l).                                    |                                      |
| 12      | Ar       | n organization     | organized and ope          | erated exclusively for | or the benefit of, to perfor                           | m the func         | tions of, or                | to carry out the purpo                 | ses of                               |
|         | or       | ne or more pu      | blicly supported or        | ganizations describ    | ed in section 509(a)(1)                                | or section         | 509(a)(2)                   | . See <b>section 509(a)</b>            | ( <b>3).</b> Check                   |
|         | the      | e box on lines     | 12a through 12d th         | nat describes the typ  | pe of supporting organization                          | ation and c        | omplete lin                 | nes 12e, 12f, and 12g.                 |                                      |
| а       |          | Type I. A s        | upporting organizat        | tion operated, supe    | ervised, or controlled by                              | its support        | ed organiz                  | ation(s), typically by g               | giving                               |
|         |          | the support        | ed organization(s) t       | the power to regula    | rly appoint or elect a ma                              | jority of the      | e directors                 | or trustees of the                     |                                      |
|         |          | supporting         | organization. <b>You i</b> | must complete Pa       | rt IV, Sections A and E                                | 8.                 |                             |  |                                      |
| b       |          | Type II. A s       | supporting organiza        | ation supervised or    | controlled in connection                               | with its su        | pported or                  | ganization(s), by havi                 | ng                                   |
|         |          |                    | -                          |                        | tion vested in the same                                | persons that       | at control o                | r manage the support                   | ed                                   |
|         |          | organizatio        | n(s). You must co          | mplete Part IV, Se     | ctions A and C.  |                    |                             |  |                                      |
| C       |          |                    |                            |                        | rganization operated in o                              |                    |                             |  | d with,                              |
|         |          | its supporte       | d organization(s) (        | see instructions). Y   | ou must complete Par                                   | t IV, Secti        | ons A, D,                   | and E.                                 |                                      |
| d       |          |                    | •                          | •                      | ing organization operate                               |                    |                             |  | ( )                                  |
|         |          |                    |                            |                        | n generally must satisfy a                             |                    |                             | ent and an attentivene                 | SS                                   |
|         | _        |                    | . (                        | •                      | ete Part IV, Sections A                                | ,                  |                             |  |                                      |
| е       |          |                    | -                          |                        | en determination from the                              |                    |                             | I, Type II, Type III                   |                                      |
|         | _        |                    |                            | -                      | integrated supporting o                                | rganizatior        | 1.                          |  |                                      |
| f       |          |                    | of supported organ         |                        | •••••  | • • • • •          |                             |  | •••                                  |
| g       |          |                    |                            | out the supported or   |  |                    |                             |  |                                      |
|         | (i) Name | e of supported org | anization                  | <b>(ii)</b> EIN        | (iii) Type of organization<br>(described on lines 1-10 | (iv) Is the o      | rganization<br>Ir governing | (v) Amount of monetary<br>support (see | (vi) Amount of<br>other support (see |
|         |          |                    |                            |                        | above (see instructions))                              | docum              |                             | instructions)                          | instructions)                        |
|         |          |                    |                            |                        |  |                    |                             |  |                                      |
|         |          |                    |                            |                        |  | Yes                | No                          |  |                                      |
| (A)     |          |                    |                            |                        |  |                    |                             |  |                                      |
|         |          |                    |                            |                        |  |                    |                             |  |                                      |
| (B)     |          |                    |                            |                        |  |                    |                             |  |                                      |
|         |          |                    |                            |                        |  |                    |                             |  |                                      |
| (C)     |          |                    |                            |                        |  |                    |                             |  |                                      |
|         |          |                    |                            |                        |  |                    |                             |  |                                      |
| (D)     |          |                    |                            |                        |  |                    |                             |  |                                      |
|         |          |                    |                            |                        |  |                    |                             |  |                                      |
| (E)     |          |                    |                            |                        |  |                    |                             |  |                                      |
| Total   |          |                    |                            |                        |  |                    |                             |  |                                      |

|                   | le A (Form 990) 2022 HOPE NETWO                     |                  |                  |                   |                       | 75-2684368        |               |
|-------------------|---|------------------|------------------|-------------------|-----------------------|-------------------|---------------|
| Part              |   |                  |                  |                   |                       |                   |               |
|                   | (Complete only if you checked th                    |                  |                  |                   |                       |                   | lify under    |
|                   | Part III. If the organization fails to              | o qualify unde   | er the tests lis | ted below, pl     | ease complet          | te Part III.)     |               |
|                   | on A. Public Support                                |                  |                  | I                 |                       | 1                 |               |
| Calen             | dar year (or fiscal year beginning in)              | (a) 2018         | <b>(b)</b> 2019  | (c) 2020          | (d) 2021              | (e) 2022          | (f) Total     |
| 1                 | Gifts, grants, contributions, and                   |                  |                  |                   |                       |                   |               |
|                   | membership fees received. (Do not                   |                  |                  |                   |                       |                   |               |
|                   | include any "unusual grants.")                      | 165,499          | 154,884          | 155,947           | 146,515               | 123,080           | 745,925       |
| 2                 | Tax revenues levied for the                         |                  |                  |                   |                       |                   |               |
|                   | organization's benefit and either paid to           |                  |                  |                   |                       |                   |               |
|                   | or expended on its behalf                           |                  |                  |                   |                       |                   |               |
| 3                 | The value of services or facilities                 |                  |                  |                   |                       |                   |               |
| •                 | furnished by a governmental unit to the             |                  |                  |                   |                       |                   |               |
|                   | organization without charge                         |                  |                  |                   |                       |                   |               |
| 4                 | <b>Total.</b> Add lines 1 through 3                 | 165,499          | 154,884          | 155,947           | 146,515               | 123,080           | 745,925       |
| 5                 | The portion of total contributions by               | 105,499          | 134,004          | 155,947           | 140,515               | 123,080           | /45,925       |
| 5                 | each person (other than a                           |                  |                  |                   |                       |                   |               |
|                   |   |                  |                  |                   |                       |                   |               |
|                   | governmental unit or publicly                       |                  |                  |                   |                       |                   |               |
|                   | supported organization) included on                 |                  |                  |                   |                       |                   |               |
|                   | line 1 that exceeds 2% of the amount                |                  |                  |                   |                       |                   |               |
|                   | shown on line 11, column (f)                        |                  |                  |                   |                       |                   | 59,223        |
| 6                 | Public support. Subtract line 5 from line 4.        |                  |                  |                   |                       |                   | 686,702       |
| -                 | on B. Total Support                                 | T                | 1                | Γ                 | 1                     | 1                 |               |
| Calen             | dar year (or fiscal year beginning in)              | <b>(a)</b> 2018  | <b>(b)</b> 2019  | (c) 2020          | (d) 2021              | (e) 2022          | (f) Total     |
| 7                 | Amounts from line 4                                 | 165,499          | 154,884          | 155,947           | 146,515               | 123,080           | 745,925       |
| 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                | <b>Total support.</b> Add lines 7 through 10        |                  |                  |                   |                       |                   | 745,925       |
| 12                | Gross receipts from related activities, etc.        | (see instructio  |                  |                   |                       | 12                | /15/525       |
| 13                | <b>First 5 years.</b> If the Form 990 is for the or |                  |                  |                   |                       |                   | ·)(3)         |
| 15                | organization, check this box and <b>stop he</b>     |                  |                  |                   |                       |                   |               |
| Socti             | on C. Computation of Public Support                 |                  |                  | · · · · · · · · · |                       | • • • • • • • • • | · · · · · · L |
| <u>3ecu</u><br>14 | Public support percentage for 2022 (line 6          |                  |                  | 1 column (f))     |                       | 14                |               |
|                   |   |                  | -                |                   |                       | 14                | 92.06 %       |
| 15                | Public support percentage from 2021 Sch             |                  |                  |                   |                       |                   | 100.00 %      |
| 16a               | 33 1/3% support test - 2022. If the organ           |                  |                  |                   |                       |                   |               |
|                   | box and <b>stop here.</b> The organization qua      |                  |                  |                   |                       |                   |               |
| b                 | 33 1/3% support test - 2021. If the organ           |                  |                  |                   |                       |                   |               |
|                   | this box and stop here. The organization            |                  |                  | -                 |                       |                   |               |
| 17a               | 10%-facts-and-circumstances test - 20               | •                |                  |                   |                       |                   |               |
|                   | 10% or more, and if the organization mee            | ts the facts-and | d-circumstance   | es test, check t  | his box and <b>st</b> | op here. Expla    | in in         |
|                   | Part VI how the organization meets the fa           | cts-and-circum   | stances test. 7  | The organizatio   | on qualifies as       | a publicly supp   | orted         |
|                   | organization  |                  |                  | -                 | -                     |                   |               |
| b                 | 10%-facts-and-circumstances test - 20               |                  |                  |                   |                       |                   |               |
| -                 | 15 is 10% or more, and if the organization          | -                |                  |                   |                       |                   |               |
|                   | in Part VI how the organization meets the           |                  |                  |                   |                       | -                 | -             |
|                   | organization  |                  |                  | •                 | -                     |                   |               |
| 18                | Private foundation. If the organization di          |                  |                  |                   |                       |                   |               |
| 10                | 0   |                  |                  |                   |                       |                   | _             |
|                   | instructions  |                  |                  |                   |                       |                   | ••••          |

| Schedu            | le A (Form 990) 2022 HOPE NETWOR  |                 |                  |                    |                 | 75-26843       | 68 Page 3     |
|-------------------|---|-----------------|------------------|--------------------|-----------------|----------------|---------------|
| Part              | III Support Schedule for Organiza   | ations Desci    | ibed in Sect     | ion 509(a)(2)      |                 |                |               |
|                   | (Complete only if you checked th  | e box on line   | e 10 of Part I   | or if the orgar    | nization failed | l to qualify u | nder Part II. |
|                   | If the organization fails to qualify  | under the te    | sts listed belo  | w, please co       | mplete Part I   | l.)            |               |
| Secti             | on A. Public Support  |                 |                  |                    |                 |                |               |
| Calen             | dar year (or fiscal year beginning in)  | (a) 2018        | (b) 2019         | (c) 2020           | (d) 2021        | (e) 2022       | (f) Total     |
| 1                 | Gifts, grants, contributions, and membership fees                                 |                 |                  |                    |                 |                |               |
|                   | received. (Do not include any "unusual grants.")                                  |                 |                  |                    |                 |                |               |
| 2                 | Gross receipts from admissions, merchandise                                       |                 |                  |                    |                 |                |               |
| _                 | sold or services performed, or facilities   |                 |                  |                    |                 |                |               |
|                   | fumished in any activity that is related to the organization's tax-exempt purpose |                 |                  |                    |                 |                |               |
| 3                 | Gross receipts from activities that are not an                                    |                 |                  |                    |                 |                |               |
| 5                 | unrelated trade or business under section 513                                     |                 |                  |                    |                 |                |               |
| 4                 | Tax revenues levied for the   |                 |                  |                    |                 |                |               |
| 4                 |   |                 |                  |                    |                 |                |               |
|                   | 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  |                 |                  |                    |                 |                |               |
| 7a                | Amounts included on lines 1, 2, and 3   |                 |                  |                    |                 |                |               |
|                   | received from disqualified persons .  |                 |                  |                    |                 |                |               |
| b                 | Amounts included on lines 2 and 3   |                 |                  |                    |                 |                |               |
|                   | received from other than disqualified   |                 |                  |                    |                 |                |               |
|                   | persons that exceed the greater of \$5,000  |                 |                  |                    |                 |                |               |
|                   | or 1% of the amount on line 13 for the year                                       |                 |                  |                    |                 |                |               |
| с                 | Add lines 7a and 7b   |                 |                  |                    |                 |                |               |
| 8                 | Public support. (Subtract line 7c from  |                 |                  |                    |                 |                |               |
| -                 | line 6.)  |                 |                  |                    |                 |                |               |
| Secti             | on B. Total Support   |                 |                  |                    |                 |                |               |
|                   | dar year (or fiscal year beginning in)  | (a) 2018        | <b>(b)</b> 2019  | (c) 2020           | (d) 2021        | (e) 2022       | (f) Total     |
| 9                 | Amounts from line 6   | (u) 2010        | (5) 2010         | (0) 2020           | (4) 2021        | (0) 2022       |               |
| 10a               | Gross income from interest, dividends,  |                 |                  |                    |                 |                |               |
| IVa               | payments received on securities loans, rents,                                     |                 |                  |                    |                 |                |               |
|                   |   |                 |                  |                    |                 |                |               |
|                   | royalties, and income from similar sources .                                      |                 |                  |                    |                 |                |               |
| b                 | Unrelated business taxable income (less   |                 |                  |                    |                 |                |               |
|                   | section 511 taxes) from businesses  |                 |                  |                    |                 |                |               |
|                   | acquired after June 30, 1975  |                 |                  |                    |                 |                |               |
| С                 | Add lines 10a and 10b   |                 |                  |                    |                 |                |               |
| 11                | Net income from unrelated business  |                 |                  |                    |                 |                |               |
|                   | activities not included on line 10b, whether                                      |                 |                  |                    |                 |                |               |
|                   | or not the business is regularly carried on                                       |                 |                  |                    |                 |                |               |
| 12                | Other income. Do not include gain or  |                 |                  |                    |                 |                |               |
|                   | loss from the sale of capital assets  |                 |                  |                    |                 |                |               |
|                   | (Explain in Part VI.)   |                 |                  |                    |                 |                |               |
| 13                | Total support. (Add lines 9, 10c, 11,   |                 |                  |                    |                 |                |               |
|                   | and 12.)  |                 |                  |                    |                 |                |               |
| 14                | First 5 years. If the Form 990 is for the or                                      | ganization's fi | rst. second. thi | rd. fourth. or fif | th tax vear as  | a section 501  | (c)(3)        |
|                   | organization, check this box and stop her   | 0               |                  | •••••              | 2               |                |               |
| Secti             | on C. Computation of Public Suppor  |                 |                  |                    |                 |                | ···· <u> </u> |
| 15                | Public support percentage for 2022 (line 8  | -               |                  | 3 column (f))      |                 | 15             | %             |
| 16                | Public support percentage from 2021 Sch   |                 | •                |                    |                 | 16             | %             |
| -                 | on D. Computation of Investment Inc   |                 |                  |                    |                 |                | 70            |
| <u>3ecu</u><br>17 | Investment income percentage for 2022 (I  |                 |                  | v line 12 colu     | mn (f))         | 17             | %             |
|                   |   |                 |                  | •                  |                 |                |               |
| 18                | Investment income percentage from <b>2021</b>                                     |                 |                  |                    |                 | 18             | %             |
| 19a               | 33 1/3% support tests - 2022. If the orga   |                 |                  |                    |                 |                |               |
|                   | 17 is not more than 33 1/3%, check this be  | -               | -                | -                  |                 |                |               |
| b                 | 33 1/3% support tests - 2021. If the organizati                                   |                 |                  |                    |                 |                |               |
|                   | line 18 is not more than 33 1/3%, check this bo                                   | -               | -                |                    |                 | -              |               |
| 20                | Private foundation. If the organization die                                       | d not check a   | box on line 14,  | 19a, or 19b, c     | heck this box a | and see instru | ictions       |

Page 4

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

#### HOPE NETWORK MINISTRIES, INC Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. b Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c 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. Did the organization support any foreign supported organization that does not have an IRS determination С 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? С 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. С Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 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.)

|      | IE A (Form 990) 2022 HOPE NETWORK MINISTRIES, INC 75-2684368  | i        | F      | age 5 |
|------|---|----------|--------|-------|
| Part | IV Supporting Organizations (continued)   |          |        |       |
| 11   | Has the organization accepted a gift or contribution from any of the following persons?   |          | Yes    | No    |
|      |   |          |        |       |
| а    | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and                          | 110      |        |       |
|      | 11c below, the governing body of a supported organization?  | 11a      |        |       |
| b    | A family member of a person described on line 11a above?  | 11b      |        |       |
| С    | A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI.</b> | 11c      |        |       |
| ecti | on B. Type I Supporting Organizations   |          |        |       |
|      |   |          | Yes    | No    |
| 1    | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or              |          |        |       |
|      | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,           |          |        |       |
|      | 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 officers, 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        |        |       |
| ecti | on 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 <b>Part VI</b> how control                    |          |        |       |
|      | or management of the supporting organization was vested in the same persons that controlled or managed                                  |          |        |       |
|      | the supported organization(s).  | 1        |        |       |
| ecti | on D. All Type III Supporting Organizations   |          | Yes    | No    |
| 1    | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the                          |          | 100    | 110   |
|      | 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 line 2, above, did the organization's supported organizations have                           |          |        |       |
|      | a significant voice in the organization's investment policies and in directing the use of the organization's                            |          |        |       |
|      | income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's                     |          |        |       |
|      | supported organizations played in this regard.  | 3        |        |       |
| ecti | on E. Type III Functionally Integrated Supporting Organizations   |          |        |       |
| 1    | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se                       | e inst   | ructio | ons). |
| а    | The organization satisfied the Activities Test. Complete line 2 below.  |          |        |       |
| b    | The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.                                    |          |        |       |
| С    | The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instruction)    | uctions) |        |       |
| 2    | Activities Test. Answer lines 2a and 2b below.  |          | Yes    | No    |
| а    | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of                      |          |        |       |
|      | the supported organization(s) to which the organization was responsive? If "Yes," then in 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 on line 2a, above, constitute activities that, but for the organization's                                  |          |        |       |
|      | involvement, one or more of the organization's supported organization(s) would have been engaged in? If                                 |          |        |       |
|      | "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would                   |          |        |       |
|      | have engaged in these activities but for the organization's involvement.  | 2b       |        |       |
| 3    | Parent of Supported Organizations. Answer lines 3a and 3b below.  |          |        |       |
| а    | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or                             |          |        |       |

HOPE NETWORK MINISTRIES, INC

- **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? *If "Yes" or "No," provide details in Part VI.*
- **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.*

3a

3b

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Schedule A (Form 990) 2022

| Part                             | Ne A (Form 990) 2022 HOPE NETWORK MINISTRIES, INC<br>V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | ganiz   | ations                       | 3 <b>4368</b> Page            |
|----------------------------------|--|---------|------------------------------|-------------------------------|
| 1                                | Check here if the organization satisfied the Integral Part Test as a qualifying                                      | trust   | on Nov. 20, 1970 <i>(exp</i> |                               |
|                                  | instructions. All other Type III non-functionally integrated supporting organ  | izatior | ns must complete Sect        | ions A through E.             |
| Secti                            | on A - Adjusted Net Income   |         | (A) Prior Year               | (B) Current Yea<br>(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       |                              |                               |
| Secti                            | on B - Minimum Asset Amount  |         | (A) Prior Year               | (B) Current Yea<br>(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):  |         |                              |                               |
| а                                | Average monthly value of securities  | 1a      |                              |                               |
| b                                | Average monthly cash balances  | 1b      |                              |                               |
| С                                | Fair market value of other non-exempt-use assets   | 1c      |                              |                               |
| d                                | Total (add lines 1a, 1b, and 1c)   | 1d      |                              |                               |
| е                                | Discount claimed for blockage or other factors   |         |                              |                               |
|                                  | (explain in detail in <b>Part VI</b> ):  |         |                              |                               |
| 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 0.015 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 0.035.  | 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 0.85 of line 1.  | 2       |                              |                               |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)   | 3       |                              |                               |
| 4                                | Enter greater of line 2 or line 3.   | 4       |                              |                               |
| 5                                | Income tax imposed in prior year   | 5       |                              |                               |
| 6                                | Distributable Amount. Subtract line 5 from line 4, unless subject to   |         |                              |                               |
|                                  | emergency temporary reduction (see instructions).  | 6       |                              |                               |

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

Schedule A (Form 990) 2022

| Schedul  | e A (Form 990) 2022 HOPE NETWORK MINISTRIES,                  | INC                       | 75-268                         | 4368 Page 7                 |
|----------|---|---------------------------|--------------------------------|-----------------------------|
| Part     | V Type III Non-Functionally Integrated 509(a)(3               | 3) Supporting Organi      | izations (continued)           |                             |
| Secti    | on D - Distributions  |                           |                                | Current Year                |
| 1        | Amounts paid to supported organizations to accomplish e       | xempt purposes            | 1                              |                             |
| 2        | Amounts paid to perform activity that directly furthers exer  | mpt purposes of support   | ed                             |                             |
|          | organizations, in excess of income from activity              |                           | 2                              |                             |
| 3        | Administrative expenses paid to accomplish exempt purpo       | oses of supported organi  |                                |                             |
| 4        | Amounts paid to acquire exempt-use assets                     |                           | 4                              |                             |
| 5        | Qualified set-aside amounts (prior IRS approval required)     | - provide details in Part |                                |                             |
| 6        | Other distributions (describe in Part VI). See instructions.  |                           | 6                              |                             |
| 7        | Total annual distributions. Add lines 1 through 6.            |                           | 7                              |                             |
| 8        | Distributions to attentive supported organizations to which   | the organization is resp  |                                |                             |
|          | (provide details in <b>Part VI</b> ). See instructions.       |                           | 8                              |                             |
| 9        | Distributable amount for 2022 from Section C, line 6          |                           | 9                              |                             |
| 10       | Line 8 amount divided by line 9 amount                        |                           | 10                             |                             |
| Cast     | an E. Distribution Allocations (assingtue)                    | (i)                       | (ii)                           | (iii)<br>Distributable      |
| Secti    | on E - Distribution Allocations (see instructions)            | Excess Distributions      | Underdistributions<br>Pre-2022 | Distributable               |
| 1        | Distributable amount for 2022 from Section C, line 6          |                           | Pre-2022                       | Amount for 2022             |
| <br>2    | Underdistributions, if any, for years prior to 2022           |                           |                                |                             |
| 2        | (reasonable cause required - <i>explain in Part VI</i> ). See |                           |                                |                             |
|          | instructions.   |                           |                                |                             |
| 3        | Excess distributions carryover, if any, to 2022               |                           |                                |                             |
| a        | From 2017   |                           |                                |                             |
|          | From 2018   |                           |                                |                             |
| <br>C    | From 2019   |                           |                                |                             |
| d        | From 2020   |                           |                                |                             |
| e        | From 2021   |                           |                                |                             |
| f        | Total of lines 3a through 3e                                  |                           |                                |                             |
| g        | Applied to underdistributions of prior years                  |                           |                                |                             |
|          | Applied to 2022 distributable amount                          |                           |                                |                             |
| i        | Carryover from 2017 not applied (see instructions)            |                           |                                |                             |
| j        | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.        |                           |                                |                             |
| 4        | Distributions for 2022 from                                   |                           |                                |                             |
|          | Section D, line 7: \$   |                           |                                |                             |
| а        | Applied to underdistributions of prior years                  |                           |                                |                             |
| b        | Applied to 2022 distributable amount                          |                           |                                |                             |
| C        | Remainder. Subtract lines 4a and 4b from line 4.              |                           |                                |                             |
| 5        | Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h      |                           |                                |                             |
|          | and 4b from line 1. For result greater than zero, explain in  |                           |                                |                             |
|          | Part VI. See instructions.                                    |                           |                                |                             |
| 7        | Excess distributions carryover to 2023. Add lines 3j          |                           |                                |                             |
|          | and 4c.   |                           |                                |                             |
| 8        | Breakdown of line 7:  |                           |                                |                             |
| <u>a</u> | Excess from 2018  |                           |                                |                             |
| b        | Excess from 2019  |                           |                                |                             |
|          | Excess from 2020  |                           |                                |                             |
| d        | Excess from 2021  |                           |                                |                             |
| <u>e</u> | Excess from 2022  |                           |                                | Sahadula A (Earry 200) 2000 |
| EEA      |   |                           |                                | Schedule A (Form 990) 2022  |

|         | France Representation Provide the explorections required by Part II, line 40, Part II, line 47, or 47, Part           |
|---------|---|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part       |
|         | III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section  |
|         | B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b |
|         | 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,  |
|         | lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)                        |
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### Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

## **Schedule of Contributors**

OMB No. 1545-0047

### Attach to Form 990 or Form 990-PF.

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

2022

| Name of the organization       | Employer identification number |  |  |  |  |
|--------------------------------|--------------------------------|--|--|--|--|
| HOPE NETWORK MINISTRIES, INC   | 75-2684368                     |  |  |  |  |
| Organization type (check one): |                                |  |  |  |  |

| Filers of:         | Section:   |
|--------------------|--|
| Form 990 or 990-EZ | ■ 501(c)( 3 ) (enter number) organization  |
|                    | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | 527 political organization   |
| Form 990-PF        | 501(c)(3) exempt private foundation  |
|                    | 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | 501(c)(3) taxable private foundation   |
|                    |  |

Check if your organization is covered by the General Rule or a Special Rule.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

EEA

R VANNOY \$ 10,000 PO BOX 274 (Complete Part II for KELLER TX 76244 noncash contributions.) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution B J TURBEVILLE \$ 56,000 PO BOX 274 (Complete Part II for KELLER TX 76244 noncash contributions.) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution STEVE MANN \$ 19,980 PO BOX 274 (Complete Part II for KELLER TX 76244 noncash contributions.) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution M OLIVE PO BOX 274 \$ 5,000 (Complete Part II for KELLER TX 76244 noncash contributions.) (c) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution R BOGGUS \$ 10,000 PO BOX 274 (Complete Part II for KELLER TX 76244 noncash contributions.) (b) (c) **Total contributions** Type of contribution Name, address, and ZIP + 4 R HUNTER \$ PO BOX 274 28,000

Schedule B (Form 990) (2022)

Name of organization

Part I (a)

No.

1

(a)

No.

2

(a)

No.

(a)

No.

4

(a)

No.

(a)

No.

6

KELLER TX 76244

5

3

HOPE NETWORK MINISTRIES, INC

(b)

Name, address, and ZIP + 4

75-2684368 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(c)

**Total contributions** 

x

x

х

х

х

x

(d)

Type of contribution

(d)

(d)

(d)

(d)

(d)

Person

Payroll

Person

Payroll

Person

Payroll Noncash

Person

Pavroll Noncash

Person

Payroll

Person

Payroll

Noncash

Noncash

Noncash

Noncash

| (Complete Part II for   |  |
|-------------------------|--|
| noncash contributions.) |  |

EEA

Schedule B (Form 990) (2022)

|            |                                   | \$                         | Person      Payroll      Noncash      (Complete Part II for noncash contributions.) |
|------------|-----------------------------------|----------------------------|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            |                                   | \$                         | PersonPayrollNoncash(Complete Part II for<br>noncash contributions.)                |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            |                                   | \$                         | PersonPayrollNoncash(Complete Part II for<br>noncash contributions.)                |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            |                                   | \$                         | PersonPayrollNoncash(Complete Part II for<br>noncash contributions.)                |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            |                                   | \$                         | PersonPayrollNoncash(Complete Part II for<br>noncash contributions.)                |

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

(b)

Name, address, and ZIP + 4

Name, address, and ZIP + 4

#### Schedule B (Form 990) (2022)

Name of organization

Part I

(a)

No.

7

(a)

No.

HOPE NETWORK MINISTRIES, INC

J PRUNTY

PO BOX 274

KELLER TX 76244

75-2684368

5,000

(c)

(c)

**Total contributions** 

Total contributions

\$

Page **2** 

Employer identification number

Person

Payroll

Noncash

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

(d)

Type of contribution

х

 $\square$ 

| SCHEDULE D |  |
|------------|--|
| (Form 990) |  |

## **Supplemental Financial Statements**

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

OMB No. 1545-0047 2022

| Attach to Form 990.  |
|--|
| Go to www.irs.gov/Form990 for instructions and the latest information. |

**Open to Public** Inspection

| ame o | the organization  |   | Empl           | oyer identification number      |
|-------|---|---|----------------|---------------------------------|
| OPE   | NETWORK MINISTRIES, INC   |   |                | 75-2684368                      |
| Pa    | t I Organizations Maintaining Donor Advised F                       | Funds or Other Similar Funds o            | r Accoun       | ts.                             |
|       | Complete if the organization answered "Yes" o                       | n 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 ad  | lvised         |                                 |
|       | funds are the organization's property, subject to the organiza      | tion's exclusive legal control?           |                | No                              |
| 6     | Did the organization inform all grantees, donors, and donor a       | dvisors in writing that grant funds can l | be used        |                                 |
|       | only for charitable purposes and not for the benefit of the dom     | or or donor advisor, or for any other pu  | urpose         |                                 |
|       | conferring impermissible private benefit?                           |   |                | Yes 🗌 No                        |
| Par   | II Conservation Easements.  |   |                |                                 |
|       | Complete if the organization answered "Yes" o                       | n Form 990, Part IV, line 7.              |                |                                 |
| 1     | Purpose(s) of conservation easements held by the organizat          |   |                |                                 |
|       | Preservation of land for public use (for example, recreatio         | n or education)                           | n of a histori | cally important land area       |
|       | Protection of natural habitat                                       | Preservation                              | of a certifie  | ed historic structure           |
|       | Preservation of open space  |   |                |                                 |
| 2     | Complete lines 2a through 2d if the organization held a qualif      | ied conservation contribution in the for  | m of a cons    | servation                       |
|       | easement on the last day of the tax year.                           |   |                | Held at the End of the Tax Year |
| а     | Total number of conservation easements                              |   |                | 2a                              |
| b     | Total acreage restricted by conservation easements                  |   |                | 2b                              |
| С     | Number of conservation easements on a certified historic stru-      |   | • • • •        | 2c                              |
| d     | Number of conservation easements included in (c) acquired           |   |                |                                 |
| _     | historic structure listed in the National Register                  |   |                | 2d                              |
| 3     | Number of conservation easements modified, transferred, re          | leased, extinguished, or terminated by    | the organiz    | zation during the               |
|       | tax year  |   |                |                                 |
| 4     | Number of states where property subject to conservation eas         |   | _,             |                                 |
| 5     | Does the organization have a written policy regarding the per       |   |                |                                 |
| 6     | violations, and enforcement of the conservation easements it        |   |                |                                 |
| 6     | Staff and volunteer hours devoted to monitoring, inspecting, h      | and ing of violations, and enforcing co   | nservation     | easements during the year       |
| 7     | Amount of expenses incurred in monitoring, inspecting, hand         | ling of violations, and onforcing consor  | vation once    | monte during the year           |
| '     | Amount of expenses incurred in monitoring, inspecting, nand         | ing of violations, and enforcing conser   | valion ease    | ements during the year          |
| 8     | Does each conservation easement reported on line 2(d) abo           | ve satisfy the requirements of section    | 170(h)(4)(B    |                                 |
| •     | and section 170(h)(4)(B)(ii)?                                       |   |                |                                 |
| 9     | In Part XIII, describe how the organization reports conservat       |   |                |                                 |
| -     | balance sheet, and include, if applicable, the text of the footnot  |   |                |                                 |
|       | organization's accounting for conservation easements.               | 3   |                |                                 |
| Par   | · · · · · · · · · · · · · · · · · · ·                               | of Art, Historical Treasures,             | or Other       | r Similar Assets.               |
|       | Complete if the organization answered "Yes" o                       |   |                |                                 |
| 1a    | If the organization elected, as permitted under FASB ASC 95         |   | nt and bala    | nce sheet works                 |
|       | of art, historical treasures, or other similar assets held for put  |   |                |                                 |
|       | service, provide in Part XIII the text of the footnote to its final |   |                |                                 |
| b     | If the organization elected, as permitted under FASB ASC 95         |   |                | sheet works of                  |
|       | art, historical treasures, or other similar assets held for public  |   |                |                                 |
|       | 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 tre   |   |                |                                 |
|       | following amounts required to be reported under FASB ASC            |   |                |                                 |
| а     | Revenue included on Form 990, Part VIII, line 1                     | -   |                | \$                              |

\$

| Schedul | le D (Form 990) 2022 HOPE NETWORK MI               |                        |                  |              |                  |           | 75-268              |            |           | Page <b>2</b> |
|---------|--|------------------------|------------------|--------------|------------------|-----------|---------------------|------------|-----------|---------------|
| Part    | t III Organizations Maintaining                    | <b>Collections of</b>  | Art, Hist        | orical T     | reasures,        | or Ot     | her Similar A       | Assets (c  | ontin     | ued)          |
| 3       | Using the organization's acquisition, access       | ion, and other record  | ds, check ar     | ny of the fo | ollowing that m  | ake sig   | nificant use of its | 6          |           |               |
|         | collection items (check all that apply):           |                        |                  |              |                  |           |                     |            |           |               |
| а       | Public exhibition                                  |                        | d                | Loan o       | r exchange pro   | ogram     |                     |            |           |               |
| b       | Scholarly research                                 |                        | e                | Other        |                  |           |                     |            |           |               |
| С       | Preservation for future generations                |                        |                  |              |                  |           |                     |            |           | -             |
| 4       | Provide a description of the organization's c      | ollections and expla   | in how they      | further the  | e organization'  | s exen    | npt purpose in Pa   | rt         |           |               |
|         | XIII.  |                        |                  |              |                  |           |                     |            |           |               |
| 5       | During the year, did the organization solicit of   | or receive donations   | of art, histo    | rical treas  | ures, or other s | similar   |                     |            |           |               |
|         | assets to be sold to raise funds rather than       | to be maintained as    | part of the      | organizatio  | on's collection  | ?         |                     | 🗌 Ye       | s         | No            |
| Part    | t IV Escrow and Custodial Arra                     | angements.             |                  |              |                  |           |                     |            |           |               |
|         | Complete if the organization                       | answered "Yes          | " on Forn        | n 990, P     | art IV, line     | 9, or ı   | eported an a        | mount on   | Forn      | n             |
|         | 990, Part X, line 21.                              |                        |                  |              |                  |           |                     |            |           |               |
| 1a      | Is the organization an agent, trustee, custodi     | ian or other intermed  | liary for con    | tributions   | or other assets  | s not     |                     |            |           |               |
|         | included on Form 990, Part X?                      |                        |                  |              |                  |           |                     | 🗌 Ye       | s         | No            |
| b       | If "Yes," explain the arrangement in Part XII      | I and complete the fe  | ollowing tab     | le:          |                  |           |                     |            |           |               |
|         |  |                        |                  |              |                  |           | A                   | mount      |           |               |
| C       | Beginning balance                                  |                        |                  |              |                  | 10        | ;                   |            |           |               |
| d       | Additions during the year                          |                        |                  |              |                  | 10        | 1                   |            |           |               |
| е       | Distributions during the year                      |                        |                  |              |                  | 16        | •                   |            |           |               |
| f       | Ending balance                                     |                        |                  |              |                  | 1f        |                     |            |           |               |
| 2a      | Did the organization include an amount on F        | Form 990, Part X, line | e 21, for eso    | crow or cu   | stodial accoun   | t liabili | y?                  | 🗌 Ye       | s         | No            |
| b       | If "Yes," explain the arrangement in Part XII      | I. Check here if the   | explanation      | has been     | provided on Pa   | art XIII  |                     |            | . [       | ]             |
| Part    | t V Endowment Funds.                               |                        |                  |              |                  |           |                     |            |           |               |
|         | Complete if the organization                       | answered "Yes          | <u>on Forn "</u> | n 990, P     | art IV, line     | 10.       |                     |            |           |               |
|         |  | (a) Current year       | (b) Pric         | or year      | (c) Two years b  | back      | (d) Three years bac | k (e) Fou  | r years b | back          |
| 1a      | Beginning of year balance                          |                        |                  |              |                  |           |                     |            |           |               |
| b       | Contributions                                      |                        |                  |              |                  |           |                     |            |           |               |
| С       | Net investment earnings, gains, and                |                        |                  |              |                  |           |                     |            |           |               |
|         | losses   |                        |                  |              |                  |           |                     |            |           |               |
| d       | Grants or scholarships                             |                        |                  |              |                  |           |                     |            |           |               |
| е       | Other expenditures for facilities and              |                        |                  |              |                  |           |                     |            |           |               |
|         | programs   |                        |                  |              |                  |           |                     |            |           |               |
| f       | Administrative expenses                            |                        |                  |              |                  |           |                     |            |           |               |
| g       | End of year balance                                |                        |                  |              |                  |           |                     |            |           |               |
| 2       | Provide the estimated percentage of the cur        | rent year end baland   | ce (line 1g, o   | column (a)   | ) held as:       |           |                     |            |           |               |
| а       | Board designated or quasi-endowment                | %                      |                  |              |                  |           |                     |            |           |               |
| b       | Permanent endowment %                              |                        |                  |              |                  |           |                     |            |           |               |
| С       | Term endowment%                                    |                        |                  |              |                  |           |                     |            |           |               |
|         | The percentages on lines 2a, 2b, and 2c sho        | ould equal 100%.       |                  |              |                  |           |                     |            |           |               |
| 3a      | Are there endowment funds not in the posse         | ession of the organiz  | zation that a    | re held an   | nd administered  | d for the | Э                   |            |           |               |
|         | organization by:                                   |                        |                  |              |                  |           |                     |            | Yes       | No            |
|         | (i) Unrelated organizations                        |                        |                  |              |                  |           |                     | 3a(i)      |           |               |
|         | (ii) Related organizations                         |                        |                  |              |                  |           |                     | 3a(ii)     |           |               |
| b       | If "Yes" on line 3a(ii), are the related organized | zations listed as requ | uired on Scl     | nedule R?    |                  |           |                     | 3b         |           |               |
|         | Describe in Part XIII the intended uses of the     |                        | dowment fu       | nds.         |                  |           |                     |            |           |               |
| Part    |  |                        |                  |              |                  |           |                     |            |           |               |
|         | Complete if the organization                       | answered "Yes          | on Forn          | n 990, P     | art IV, line     | 11a. S    | See Form 990        | ), Part X, | line 1    | 10.           |
|         | Description of property                            | (a) Cost or oth        | ner basis        | (b) Cost o   | r other basis    | (c)       | Accumulated         | (d) Boo    | ok value  |               |
|         |  | (investm               | ent)             | (0           | other)           | d         | epreciation         |            |           |               |
| 1a      | Land   | ••                     |                  |              |                  |           |                     |            |           |               |
| b       | Buildings  | ••                     |                  |              |                  |           |                     |            |           |               |
| C       | Leasehold improvements                             | •••                    |                  |              |                  |           |                     |            |           |               |
| d       | Equipment  | ••                     | 47,157           |              |                  |           | 47,157              |            |           |               |
| e       | Other  |                        |                  |              |                  |           |                     |            |           |               |
| Total.  | Add lines 1a through 1e. (Column (d) must e        | equal Form 990, Pa     | rt X, colum      | n (B), line  | 10c.,            |           |                     |            |           |               |

| Schedule D (Form 990) 2022 |  |
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EEA

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 (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (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. (Column (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. (Colu             | ımn (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

| Schedu | ,                          | 5-2684368  | Page 4 |
|--------|--|------------|--------|
| Part   |  | Return.    |        |
|        | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.      |            |        |
| 1      | Total revenue, gains, and other support per audited financial statements         | 1          |        |
| 2      | Amounts included on line 1 but not on Form 990, Part VIII, line 12:              |            |        |
| а      | Net unrealized gains (losses) on investments                                     |            |        |
| b      | Donated services and use of facilities   |            |        |
| С      | Recoveries of prior year grants  |            |        |
| d      | Other (Describe in Part XIII.)   |            |        |
| е      | Add lines 2a through 2d  | 2e         |        |
| 3      | Subtract line <b>2e</b> from line <b>1</b>                                       | 3          |        |
| 4      | Amounts included on Form 990, Part VIII, line 12, but not on line 1:             |            |        |
| а      | Investment expenses not included on Form 990, Part VIII, line 7b 4a              |            |        |
| b      | Other (Describe in Part XIII.)     4b  |            |        |
| С      | Add lines <b>4a</b> and <b>4b</b>  | 4c         |        |
| 5      | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). | 5          |        |
| Part   |  | er Return. |        |
|        | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.      |            |        |
| 1      | Total expenses and losses per audited financial statements                       | 1          |        |
| 2      | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |            |        |
| а      | Donated services and use of facilities   |            |        |
| b      | Prior year adjustments   |            |        |
| C      | Other losses   |            |        |
| d      | Other (Describe in Part XIII.)   |            |        |
| е      | Add lines 2a through 2d  | 2e         |        |
| 3      | Subtract line <b>2e</b> from line <b>1</b>                                       | 3          |        |
| 4      | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |            |        |
| а      | Investment expenses not included on Form 990, Part VIII, line 7b 4a              |            |        |
| b      | Other (Describe in Part XIII.)     4b  |            |        |
| C      | Add lines <b>4a</b> and <b>4b</b>  | 4c         |        |
| 5      | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5          |        |
| Part   | XIII Supplemental Information.   |            |        |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| SCHEDULE O<br>(Form 990)   Supplemental Information to Form 990 or 990-EZ     Complete to provide information for responses to specific questions on<br>Form 990 or 990-EZ or to provide any additional information.     Department of the Treasury<br>Internal Revenue Service   Attach to Form 990 or Form 990-EZ.     Go to www.irs.gov/Form990 for the latest information. |   | ΞZ        | OMB No. 1545-0047<br><b>2022</b><br>Open to Public<br>Inspection |  |
|--|---|-----------|--|--|
|  |   | ı         |  |  |
|  |   |           |  |  |
| Internal Revenue Service Name of the organization  |   |           | ntification number   |  |
| HOPE NETWORK MINISTR   | IES, INC  | 75-26843  | 368  |  |
| 01. Form 990 governi   | ng body review (Part VI, line 11)                     |           |  |  |
| YES  |   |           |  |  |
|  |   |           |  |  |
| 02. Conflict of inte   | erest policy compliance (Part VI, line 12c)           |           |  |  |
| YES  |   |           |  |  |
|  |   |           |  |  |
|  |   |           |  |  |
| 03. CEO, executive d   | lirector, top management comp (Part VI, line 15a)     |           |  |  |
| INDEPENDENT REVIEW   |   |           |  |  |
|  |   |           |  |  |
| 04. Other officer or   | key employee compensation (Part VI, line 15b          |           |  |  |
|  |   |           |  |  |
| INDEPENDENT REVIEW   |   |           |  |  |
|  |   |           |  |  |
| 05. Governing docume   | ents, etc, available to public (Part VI, line 19)     |           |  |  |
| YES  |   |           |  |  |
|  |   |           |  |  |
| 06. Explanation of c   | other changes in net assets or fund balances (Part XI | , line 9) |  |  |
| PRIOR YEAR ACCOUNTS  | RECEIVABLE SHOULD NOT HAVE BEEN LISTED                |           |  |  |
|  |   |           |  |  |
| 07. Balance Sheet (F   | Part X)   |           |  |  |
| DDIOD VEND ACCOUNTS  | RECEIVABLE SHOULD NOT HAVE BEEN LISTED                |           |  |  |
| PRIOR IEAR ACCOUNTS  | RECEIVABLE SHOULD NOT HAVE BEEN LISTED                |           |  |  |
|  |   |           |  |  |
|  |   |           |  |  |
|  |   |           |  |  |
|  |   |           |  |  |
|  |   |           |  |  |
|  |   |           |  |  |