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CLIENT'S COPY



Maner Costerisan PC 2425 E. Grand River Ave., Suite 1 Lansing, MI 48912-3291 T: 517 323 7500 F: 517 323 6346 www.manercpa.com

July 31, 2024

The Hope Foundation 24 Frank Lloyd Wright Dr. 4300K Ann Arbor, MI 48105 Attention: Johanna Horn, President & CEO

Dear Johanna,

Enclosed are the original and one copy of the 2023 Exempt Organization return, as follows...

2023 Form 990

Multi state AG registrations

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

The firm may from time to time, and depending on the circumstances, use third-party providers in serving your account. We may share confidential information about you with these service providers, but remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures and safeguards to protect the confidentiality of your personal information.

In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information and will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others. In the event that we are unable to secure an appropriate confidentiality agreement, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider. Furthermore, the firm will remain responsible for the work provided by any such third-party service providers.

You should be aware that under Michigan law most communications between you and a Certified Public Accountant at our firm which relate to tax examination or audits, as well as documents prepared in relation to such work, are privileged from disclosure and may not be disclosed without your written permission.

Additionally, you should be aware that, under the Internal Revenue Service Restructuring and Reform Act of 1998, certain information discussed by you with members of our firm who are authorized tax practitioners or their agents for the purpose of obtaining our firm's advice on tax matters is privileged from disclosure in any non-criminal tax matter before the IRS.

However, the privilege will be waived if the information is voluntarily disclosed to a third party. Information compiled for the purpose of preparing a tax return is not privileged under common law because it is intended for disclosure to the IRS or others.

The presentation of the enclosed tax returns completes our engagement with respect to our preparation of your 2023 income tax returns. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign and file them.

Very truly yours,

Brandy L. Mikula, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2023

Prepared For:

The Hope Foundation 24 Frank Lloyd Wright Dr. 4300K Ann Arbor, MI 48105

Prepared By:

Maner Costerisan PC 2425 E. Grand River, Suite 1 Lansing, MI 48912-3291

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Id	Form 7004 to request an extension of time to file incom dentification					
Type or	Name of exempt organization, employer, or other filer	, see instru	uctions.	Taxpayer	ridentification	number (TIN)
Print	THE HOPE FOUNDATION				74-265	5302
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 24 FRANK LLOYD WRIGHT DR.,					
instructions.	City, town or post office, state, and ZIP code. For a for ANN ARBOR, MI 48105	oreign addı	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			
Applicati	ion Is For	Return Code	Application Is For			Returr Code
Form 990) or Form 990-EZ	01	Form 4720 (other than individual)			09
Form 472	20 (individual)	03	Form 5227			10
Form 990)-PF	04	Form 6069			11
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	0-T (trust other than above)	06	Form 5330 (individual)			13
)-T (corporation)	07	Form 5330 (other than individual)			14
Form 104	i1-A	08				
● If this a Plai Plai Plai	e Form 5330. pplication is for an extension of time to file Form 5330, y n Name					
● If this a Pla Pla Pla Part II - Au	pplication is for an extension of time to file Form 5330, y n Name	izations (s		RBOR ,	MI 481	.05
• If this a Pla Pla <u>Pla</u> <u>Part II - Au</u> The bo	pplication is for an extension of time to file Form 5330, y n Name	izations (s	ee instructions)	-		.05
● If this a Pla Pla Pla Pla Cart II - Au The bo	pplication is for an extension of time to file Form 5330, y n Name	izations (s RIGHT	DR., 4300K - ANN A Fax No.			
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 If this a Plan Plan Plan Plan Plan Plan Plan Pl	pplication is for an extension of time to file Form 5330, y n Name	izations (s RIGHT a in the Uni Group Exe and atta OVEMBI anization's , 20 , 20 	Bee instructions) DR., 4300K - ANN A Fax No. ted States, check this box mption Number (GEN) ch a list with the names and TINs of ER 15 , 20 24 , to file return for:	If this is fo all membe e the exem	r the whole gr ers the extens npt organizatic	oup, check this ion is for. on return for _ , 20
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 If this a Plaa Plaa Plaa Plaa Plaa Plaa Plaa The box Teleph If the control of the control of	pplication is for an extension of time to file Form 5330, y n Name	izations (s RIGHT a in the Uni Group Exe and atta OVEMBI anization's , 20 heck reasc , enter the , enter any ayment all	Bee instructions) DR., 4300K - ANN A Fax No. ted States, check this box mption Number (GEN) I ch a list with the names and TINs of SR 15, 20 24, to file return for: , and ending on: Initial return tentative tax, less refundable credits and owed as a credit.	If this is fo all member the exem Final retur 3a	r the whole gr ers the extens npt organizatio n	oup, check this ion is for. n return for , 20

Form	99	0
Form	99	0

EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2023 Open to Public Inspection

	ent of even			
F		20	~~	

		a 2023 calendar year, or tax year beginning and	enaing		
В с ар	heck if plicable	C Name of organization		D Employer identif	ication number
	Addres	THE HOPE FOUNDATION			
	Name change			74-26553	02
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final		4300K	734-998-	
L	Jreturn/ termin- ated			G Gross receipts \$	33,040,778.
	Amenc]Amenc			H(a) Is this a group	
	Application			for subordinate	
L	pendin			H(b) Are all subordinates	
I T	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		a list. See instructions
	/ebsit			H(c) Group exemption	
_		organization: X Corporation Trust Association Other	I Year		M State of legal domicile: \mathbf{TX}
		Summary			
		Briefly describe the organization's mission or most significant activities: \underline{TO} R.	AISE A	ND CONTRIBU	TE FUNDS
e		FOR THE TREATMENT AND PREVENTION OF CANCE			
Governance		Check this box if the organization discontinued its operations or disposed		than 25% of its net as	sets
ver		-		3	1
ဗိ		Number of independent voting members of the governing body (Part VI, line 1b)			
<u>م</u>		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			
Activities &		Total number of volunteers (estimate if necessary)			16
Ę				7a	
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			-
		, ,			
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			
nue		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		5,775,551.	6,501,943.
evenue	9	Program service revenue (Part VIII, line 2g)		5,775,551. 2,713,693.	6,501,943. 6,601,408.
Revenue	9 10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,775,551.	6,501,943. 6,601,408. 1,949,394.
Revenue	9 10 11	Program service revenue (Part VIII, line 2g)	·····	5,775,551. 2,713,693. 1,359,712.	6,501,943. 6,601,408. 1,949,394. 429.
Revenue	9 10 11 12	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	······	5,775,551. 2,713,693. 1,359,712. 23,014.	6,501,943. 6,601,408. 1,949,394. 429. 15,053,174.
Revenue	9 10 11 <u>12</u> 13	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,775,551. 2,713,693. 1,359,712. 23,014. 9,871,970. 2,222,247. 0.	6,501,943. 6,601,408. 1,949,394. 429. 15,053,174. 1,428,897. 0.
	9 10 11 <u>12</u> 13 14	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</u> Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		5,775,551. 2,713,693. 1,359,712. 23,014. 9,871,970. 2,222,247.	6,501,943. 6,601,408. 1,949,394. 429. 15,053,174. 1,428,897. 0.
	9 10 11 12 13 14 15	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		5,775,551. 2,713,693. 1,359,712. 23,014. 9,871,970. 2,222,247. 0.	6,501,943. 6,601,408. 1,949,394. 429. 15,053,174. 1,428,897. 0.
	9 10 11 12 13 14 15 16a	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</u> Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		5,775,551. 2,713,693. 1,359,712. 23,014. 9,871,970. 2,222,247. 0. 5,310,745. 0.	6,501,943. 6,601,408. 1,949,394. 429. 15,053,174. 1,428,897. 0. 6,080,781. 0.
Expenses Revenue	9 10 11 12 13 14 15 16a b	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)	73.	5,775,551. 2,713,693. 1,359,712. 23,014. 9,871,970. 2,222,247. 0. 5,310,745. 0. 3,431,327.	6,501,943. 6,601,408. 1,949,394. 429. 15,053,174. 1,428,897. 0. 6,080,781. 0. 3,881,750.
	9 10 11 12 13 14 15 16a b 17	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 158,0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	73.	5,775,551. 2,713,693. 1,359,712. 23,014. 9,871,970. 2,222,247. 0. 5,310,745. 0. 3,431,327. 10,964,319.	6,501,943. 6,601,408. 1,949,394. 429. 15,053,174. 1,428,897. 0. 6,080,781. 0. 3,881,750. 11,391,428.
Expenses	9 10 11 12 13 14 15 16a b 17 18	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	73.	5,775,551. 2,713,693. 1,359,712. 23,014. 9,871,970. 2,222,247. 0. 5,310,745. 0. 3,431,327.	6,501,943. 6,601,408. 1,949,394. 429. 15,053,174. 1,428,897. 0. 6,080,781. 0. 3,881,750. 11,391,428.
Expenses	9 10 11 12 13 14 15 16a b 17 18	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (D), line 25) Total fundraising expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	73.	5,775,551. 2,713,693. 1,359,712. 23,014. 9,871,970. 2,222,247. 0. 5,310,745. 0. 3,431,327. 10,964,319.	6,501,943. 6,601,408. 1,949,394. 429. 15,053,174. 1,428,897. 0. 6,080,781. 0. 3,881,750. 11,391,428.
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (D), line 25) Total fundraising expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	73. Be	5,775,551. 2,713,693. 1,359,712. 23,014. 9,871,970. 2,222,247. 0. 5,310,745. 0. 3,431,327. 10,964,319. -1,092,349. ginning of Current Year 56,686,859.	6,501,943. 6,601,408. 1,949,394. 429. 15,053,174. 1,428,897. 0. 6,080,781. 0. 3,881,750. 11,391,428. 3,661,746. End of Year 62,313,456.
Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 158,0 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12	73. Be	5,775,551. 2,713,693. 1,359,712. 23,014. 9,871,970. 2,222,247. 0. 5,310,745. 0. 3,431,327. 10,964,319. -1,092,349. cginning of Current Year 56,686,859. 25,186,858.	6,501,943. 6,601,408. 1,949,394. 429. 15,053,174. 1,428,897. 0. 6,080,781. 0. 3,881,750. 11,391,428. 3,661,746. End of Year 62,313,456. 23,197,504.
Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</u> Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	73. Be	5,775,551. 2,713,693. 1,359,712. 23,014. 9,871,970. 2,222,247. 0. 5,310,745. 0. 3,431,327. 10,964,319. -1,092,349. ginning of Current Year 56,686,859.	6,501,943. 6,601,408. 1,949,394. 429. 15,053,174. 1,428,897. 0. 6,080,781. 0. 3,881,750. 11,391,428. 3,661,746. End of Year 62,313,456.
Net Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</u> Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26)	73. Be	5,775,551. 2,713,693. 1,359,712. 23,014. 9,871,970. 2,222,247. 0. 5,310,745. 0. 3,431,327. 10,964,319. -1,092,349. cginning of Current Year 56,686,859. 25,186,858.	6,501,943. 6,601,408. 1,949,394. 429. 15,053,174. 1,428,897. 0. 6,080,781. 0. 3,881,750. 11,391,428. 3,661,746. End of Year 62,313,456. 23,197,504.
The Assets or Expenses Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt II	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	73. Be	5,775,551. 2,713,693. 1,359,712. 23,014. 9,871,970. 2,222,247. 0. 5,310,745. 0. 3,431,327. 10,964,319. -1,092,349. ginning of Current Year 56,686,859. 25,186,858. 31,500,001.	6,501,943. 6,601,408. 1,949,394. 429. 15,053,174. 1,428,897. 0. 6,080,781. 0. 3,881,750. 11,391,428. 3,661,746. End of Year 62,313,456. 23,197,504. 39,115,952.
PDE Development of the set of the	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt II r pena	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block	73. Be	5,775,551. 2,713,693. 1,359,712. 23,014. 9,871,970. 2,222,247. 0. 5,310,745. 0. 3,431,327. 10,964,319. -1,092,349. ginning of Current Year 56,686,859. 25,186,858. 31,500,001.	6,501,943. 6,601,408. 1,949,394. 429. 15,053,174. 1,428,897. 0. 6,080,781. 0. 3,881,750. 11,391,428. 3,661,746. End of Year 62,313,456. 23,197,504. 39,115,952.

Sign	Signature of officer	Date	
Here	JOHANNA HORN, PRESIDENT & CEO		
	Type or print name and title		
	Print/Type preparer's name Preparer's signature	Date Check PTIN	
Paid	BRANDY L. MIKULA, CPA BRANDY L. MIKULA, C	P07/31/24 self-employed P006	45694
Preparer	Firm's name MANER COSTERISAN PC	Firm's EIN 38-2157	642
Use Only	Firm's address 2425 E. GRAND RIVER, SUITE 1		
	LANSING, MI 48912-3291	Phone no. 517 - 323 - '	7500
May the IF	RS discuss this return with the preparer shown above? See instructions	X Ye	es 🗌 No
LHA For	Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23	For	m 990 (2023)

Form	1990 (2023) THE HOPE FOUNDATION	74-2655302	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		
	AS THE PHILANTHROPIC ARM OF THE SWOG CANCER RESEARCH NETW		PE
	FOUNDATION STRIVES TO PROVIDE FUNDING AND RESOURCES FOR C		
	CLINICAL TRIALS RESEARCH IN VARIOUS FORMS OF ADULT CANCER		<u> </u>
	FELLOWSHIPS, RESEARCH GRANTS, PROFESSIONAL MEDICAL EDUCAT	ION TRAININ	G
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		XNo
	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?	Ves	XNo
5	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 m	easured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported.	,	
4a		es 6,521,	727.)
	SUPPORT OF CANCER RESEARCH GROUPS.		
4b			110.)
	SUPPORT RESEARCH AND EDUCATION, INCLUDING SPRING AND FALL		
	MEETINGS OF SWOG. FORMERLY THE SOUTHWEST ONCOLOGY GROUP,		E
	OF FIVE COOPERATIVE GROUPS IN THE NCI'S NATIONAL CLINICAL	TRIALS	
	NETWORK.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
		*	/
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses9,855,445.		
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 Form 990 (2023)
 THE
 HOPE
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 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
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		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? 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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	_X
	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		77	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			v
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101	v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		х
16	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 23
15		15		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
10		16		х
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			- 23
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	х	
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 Form 990 (2023)
 THE
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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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		
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	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%			v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	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	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
2	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"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	28b	х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		х
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		Х
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	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		77	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Vc=	
4-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 36		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a36Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	х	
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Form	990 (2023) THE HOPE FOUNDATION 74-2655	302	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			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 return 2a 65			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			<u> </u>
Ua		60		x
h	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u> </u>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch		
-	were not tax deductible?	<u>6b</u>		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	7.		x
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
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 10b	-		
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
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.			
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		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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		X
	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 disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		L
_	If "Yes," complete Form 6069.			
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Form 990	(2023)
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THE HOPE FOUNDATION

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

ation A. Governing Body and Management	
Check if Schedule O contains a response or note to any line in this Part VI	

Sec	tion A. Governing Body and Management									
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	18	<u>1</u>						
	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 on line 1a, above, who are independent	1b	17	4						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other							
	officer, director, trustee, or key employee?			2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision							
				3		X X				
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
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 ap									
	more members of the governing body?			7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	ders, or							
	persons other than the governing body?			7b		<u>X</u>				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		•							
а	The governing body?			8a	X					
b	Each committee with authority to act on behalf of the governing body?			8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)							
					Yes	No				
	Did the organization have local chapters, branches, or affiliates?			10a		<u>X</u>				
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch									
				10b	77					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				v					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	^					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "y	,		10	x					
40	on Schedule O how this was done			12c	X					
13	Did the organization have a written whistleblower policy?			13	X					
14 45	Did the organization have a written document retention and destruction policy?			14	~					
15	Did the process for determining compensation of the following persons include a review and approva	n ny Ind	rebendeut							
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45-	х					
	The organization's CEO, Executive Director, or top management official			15a		x				
U	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			15b						
160		nont w	th a							
100	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen taxable entity during the year?			16a		х				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			10a						
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-							
				16b						
Sec	exempt status with respect to such arrangements?				ı I					
<u>17</u>	List the states with which a copy of this Form 990 is required to be filed	т.н	I,IL.KS.KY	, MD	MA	MN				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar									
.5	for public inspection. Indicate how you made these available. Check all that apply.			c crity)	avandı					
	X Own website X Another's website X Upon request Other (explain)	00 80	hedule ()							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	d finan	cial					
	statements available to the public during the tax year.		and policy, an							
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	l records							
	DEBRA ALLEN - $734-998-7150$									

	24	FRANK	LLOYD	WRIGHT	DR.,	430	0K, A	ANN A	ARBOR	, MI	48105	
332006	12-21	-23	SEE	SCHEDUI	LE O	FOR	FULL	LIST	Г OF	STATES	5	

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Form **990** (2023)

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2023.04010 THE HOPE FOUNDATION

Part VII	Compensation of Officers	, Directors, Trustees	s, Key Employees	, Highest Compensate	۶d
	Employees, and Independ	ent Contractors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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 the instructions for the order in which to list the persons above.

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	is both pr/trus	n an	compensation	compensation	amount of
	week							from	from related	other
	(list any hours for	directo						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or o	stee			Isated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		yee	om pei		1099-NEC)	,	and related
	below	Individual trustee or director	nstitutional trustee	er	Key employee	Highest compensated employee	ler			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) JOHANNA HORN, MSW	40.00									
PRESIDENT & CEO		х		х				244,339.	0.	45,197.
(2) DANA SPARKS	40.00									
DIRECTOR OF PC & OPERATIONS						X		163,308.	0.	33,901.
(3) DEBRA ALLEN	40.00									
DIRECTOR OF FINANCE						X		108,879.	0.	34,221.
(4) MORGAN COX	40.00									
DIRECTOR OF COMMUNICATIONS						X		114,701.	0.	27,967.
(5) NORBERT STRAUSS	40.00									
ASSISTANT DIRECTOR OF OPERATIONS						X		113,663.	0.	25,753.
(6) JENNIFER FRANKS	40.00									
LEAD ATTORNEY						X		113,241.	0.	21,729.
(7) JOSEPH UNGER, PHD	0.20							1 050	•	•
DIRECTOR		Х						1,250.	0.	0.
(8) NATHAN ERIKSEN	0.20								0	0
DIRECTOR		X				<u> </u>		0.	0.	0.
(9) CATHY TANGEN, PHD	0.20								0	0
DIRECTOR		Х			<u> </u>	<u> </u>		0.	0.	0.
(10) SARAH GOLDBERG, MD	0.20								0	0
DIRECTOR	0.00	Х						0.	0.	0.
(11) SYED AHMAD, MD DIRECTOR	0.20	x						0.	0.	0
	0.20	^				-		0.	0.	0.
(12) ANJALI ADVANI, MD DIRECTOR	0.20	х						0.	0.	0.
(13) MARIANA CHAVEZ MAC GREGOR, MD	0.20	^						0.	0.	0.
DIRECTOR	0.20	x						0.	0.	0.
(14) SUMANTA PAL, MD	0.20					\vdash		0.	0.	0.
DIRECTOR	0.20	х						0.	0.	0.
(15) CHRISTOPHER LIEU, MD	0.20									
DIRECTOR	0.20	х						0.	0.	0.
(16) NORAH LYNN HENRY, MD	0.20									
DIRECTOR		х						0.	0.	0.
(17) LAJOS PUSZTAI, MD, DPH	0.20					1			.	<u>.</u>
DIRECTOR		x						0.	0.	0.
332007 12-21-23	1		I	1	1	1	I		J •	Form 990 (2023)
					`					(====)

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Form	990	(2023)

Par	VII Section A. Officers, Directors, Tru		ploy	ees,			ghes	st C	ompensated Employee	s (continued)				
	(A)	(B) (C) Average Position							(D)	(E)			(F)	
	Name and title	Average	(do				ר than o	one	Reportable	Reportable			stimate	
		hours per week					is botł or/trus		compensation	compensatior	וו	an	nount	of
		(list any		1				,	from the	from related organizations			other	tion
		hours for	direct						organization	(W-2/1099-MIS			pensa om th	
		related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	<i>,</i>		anizat	
		organizations	ndividual trustee or director	n stit utio nal tru stee		yee	Highest compensated employee		1099-NEC)	,		•	d relat	
		below	/idual	tutior	er	amplo	loyee	ner				orga	anizati	ons
		line)	Indi	Insti	Officer	Key	High	Former						
	MARTI K. S. HEIL	0.20												
DIRE			Х						0.		0.			0.
	CHARLES BLANKE, MD	0.20												•
	CHAIR		Х		X				0.		0.			0.
	DAVID GIBSON	0.20							0					0
	ETARY CAVITT RANDALL	0.20	X		X	-			0.		0.			0.
	CAVITT RANDALL SURER	0.20	x		x				0.		0.			0.
	DON S. DIZON, MD	0.20	^	-	^	-	-		0.		0.			0.
	CHAIR	0.20	x		x				0.		0.			0.
	RAYMOND OSAROGIAGBON, MD	0.20							0.		••			<u> </u>
CHAI	•	0.20	x		x				0.		0.			Ο.
											~			
									050 201		_	10	0 7	
	Subtotal								859,381.		0.	18	8,7	
	Total from continuation sheets to Part V								0.		0.	10	0 7	$\frac{0}{6}$
	Total (add lines 1b and 1c)								· · · · ·		0.	10	8,7	50.
2	Total number of individuals (including but compensation from the organization	not limited to th	iose	liste	a ar	SOVE	e) wn	io re	eceived more than \$100,0	JUU of reportable				8
	compensation nom the organization												Yes	No
3	Did the organization list any former office	r. director. trust	ee. k	kev e	emp	love	e. or	hia	hest compensated empl	ovee on	[
-	line 1a? If "Yes," complete Schedule J for			-	•	-		Ŭ	• • •	-,		3		Х
4	For any individual listed on line 1a, is the s									ne organization				
	and related organizations greater than \$15											4	Х	
5	Did any person listed on line 1a receive or													
	rendered to the organization? If "Yes." col	mplete Schedule	e J f	or su	ich i	pers	son .		-			5		Х
Sect	ion B. Independent Contractors	•												
1	Complete this table for your five highest co	ompensated inc	depe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	ion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	/ith o	or wi	thin	the organization's tax ye	ear.				
	(A) Name and busines	e addross	3.7/	~ ***	7				(B) Description of s	onvicos	C)	C) nsatio	n
	Name and busines	3 2001033	INC	ONE	2			_	Description of s			ompe	IISatio	<u> </u>
								_						
2	Total number of independent contractors	(includina but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organ)		,					

Form **990** (2023)

332008 12-21-23

			Check if Schedule O c			0130			(B)	(C)	(D)
								(A) Total revenue	(D) Related or exempt	Unrelated	Revenue excluc
									function revenue	business revenue	
Т											sections 512 -
nts	1				<u>1a</u>						
and Other Similar Amounts			Membership dues								
An			Fundraising events								
nilar							5,936,342.				
Sin			Government grants (contr All other contributions, gifts,		,		3,550,542.				
Jer		'	similar amounts not included				565,601.				
ē		a	Noncash contributions included in			\$	9,830.				
and		-	Total. Add lines 1a-1f	11165 1		Ψ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6,501,943.			
							Business Code	, ,			
	2	а	ADMINISTRATIVE FEES				561000	4,795,441.	4,795,441.		
-	-		SERVICE FEES				900099	1,725,857.	1,725,857.		
nue		с	EXHIBITOR AND REGIST	FRAT	ION FEE	S	900099	80,110.	80,110.		
Revenue		d									
ř		е									
		f	All other program service	revei	nue						
		g	Total. Add lines 2a-2f					6,601,408.			
	3		Investment income (includ	ling o	dividends	intere	st, and				
								2,324,264.			23242
	4		Income from investment of	of tax	-exempt b	ond p	roceeds				
	5		Royalties	·····							
					(i) Re	al	(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c			l				
	_		Net rental income or (loss))	(1) 0		(:) 01				
	7	а	Gross amount from sales of	_	(i) Secu		(ii) Other				
			assets other than inventory	7a	17,612	,734.					
		b	Less: cost or other basis	_	17 070	266	15 000				
		_	and sales expenses	7b 7c	17,972 -359						
			()					-374,870.			-374,8
	0		Net gain or (loss)					574,070.			574,0
	8	а	Gross income from fundraisir including \$	ig ev	•						
'			contributions reported on	lino	of						
			Part IV, line 18		,	8a					
		b	Less: direct expenses								
			Net income or (loss) from								
	9		Gross income from gamin		•						
	-		Part IV, line 19	-							
		b	Less: direct expenses								
			Net income or (loss) from				<u></u>				
	10		Gross sales of inventory, I	-	-						
			and allowances			10a					
		b	Less: cost of goods sold								
			Net income or (loss) from								
Γ							Business Code				
e	11	а	OTHER INCOME				900099	429.	429.		
Revenue		b									
eve		с									
r		d	All other revenue								
			Total. Add lines 11a-11d					429.			
	12		Total revenue. See instruction	ns				15,053,174.	6,601,837.	٥.	19493

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Form 990 (2023) THE HOP
Part VIII Statement of Revenue THE HOPE FOUNDATION

Form 990 (2023)

THE HOPE FOUNDATION 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).

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			ipiele column (A).	
	Check if Schedule O contains a respon	ise or note to any line in t (A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	1 100 062	1 100 062		
	and domestic governments. See Part IV, line 21	1,189,963.	1,189,963.		
2	Grants and other assistance to domestic	000 004	000 004		
	individuals. See Part IV, line 22	238,934.	238,934.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	290,786.	246,074.	38,562.	6,150.
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	4,280,730.	3,622,474.	567,731.	90,525.
8	Pension plan accruals and contributions (include	1,200,,000	5/022/1/20		50,525
o		374,478.	316,683.	49,973.	7 800
~	section 401(k) and 403(b) employer contributions)	792,890.	671,590.	104,247.	17 062
9	Other employee benefits			45,397.	7,822. 17,053. 7,213.
10	Payroll taxes	341,897.	289,287.	45,39/.	1,213.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	25,901.		25,901.	
С	Accounting	29,146.		29,146.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	148,089.		148,089.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch 0.)	735,410.	695,378.	36,131.	3,901.
12	Advertising and promotion	3,117.		3,117.	
13	Office expenses	167,970.	84,615.	83,355.	
14	Information technology	107,503.	98,208.	9,295.	
15	Royalties				
16		188,243.	111,149.	77,094.	
		446,718.	440,369.	6,349.	
17		440,710.	440,305.	0,545.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1,741,091.	1,741,091.		
19	Conferences, conventions, and meetings	1,/41,091.	1,/41,091.		
20					
21	Payments to affiliates	10 000	2 506		
22	Depreciation, depletion, and amortization	10,680.	3,526.	7,154.	
23	Insurance	18,324.		18,324.	
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 0.)				
а	MISCELLANEOUS EXPENSES	130,504.	64,125.	40,970.	25,409.
b	TELECOMMUNICATIONS	44,190.	41,979.	2,211.	
с	STAFF AND BOARD DEVELOP	35,616.		35,616.	
d	BANK FEES	26,465.		26,465.	
	All other expenses	22,783.		22,783.	
25	Total functional expenses. Add lines 1 through 24e	11,391,428.	9,855,445.	1,377,910.	158,073.
26	Joint costs. Complete this line only if the organization	, _, _, _, _, _, _, _, _, _, _, _, _,	-,,	_, _ , , , , , , , , , , , , , , , , ,	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	·········				
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	Check if Schedule O contains a response or not				· · · · · · · · · · · · · · · · · · ·	·····
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			3,474.	1	4,060.
2	Savings and temporary cash investments			5,979,131.	2	6,420,574.
3	Pledges and grants receivable, net				3	
	Accounts receivable, net			1,939,225.	4	3,255,176.
	Loans and other receivables from any current or					
	trustee, key employee, creator or founder, subst	antial co	ntributor, or 35%			
	controlled entity or family member of any of thes	e persor	IS		5	
6	Loans and other receivables from other disqualit	fied pers	ons (as defined			
	under section 4958(f)(1)), and persons described	l in secti	on 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8					8	
	B			149,249.	9	152,230.
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	363,338.			
b	Less: accumulated depreciation	10b	287,443.	34,668.	10c	75,895.
11				39,412,829.	11	44,717,212.
12				8,649,828.	12	7,354,429.
13					13	
14			F		14	
15				518,455.	15	333,880.
16				56,686,859.	16	62,313,456.
17				3,848,616.	17	3,266,235.
18					18	
19				6,628.	19	6,628.
20					20	
21					21	
22	Loans and other payables to any current or form	er office	r, director,			
	trustee, key employee, creator or founder, subst	antial co	ntributor, or 35%			
	controlled entity or family member of any of thes	e persor	IS		22	
23	Secured mortgages and notes payable to unrela	ted third	parties		23	
24	Unsecured notes and loans payable to unrelated	d third pa	rties		24	
25	Other liabilities (including federal income tax, pa	yables to	related third			
	parties, and other liabilities not included on lines	17-24).	Complete Part X			
	of Schedule D				25	19,924,641.
26				25,186,858.	26	23,197,504.
	Organizations that follow FASB ASC 958, che	ck here	X			
	and complete lines 27, 28, 32, and 33.					
27	Net assets without donor restrictions			30,191,134.	27	37,805,011.
28	Net assets with donor restrictions			1,308,867.	28	1,310,941.
	Organizations that do not follow FASB ASC 9	58, chec	k here			
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds				29	
30					30	
31					31	
32				31,500,001.	32	39,115,952.
33				56,686,859.	33	62,313,456.
	7 8 9 10 11 12 13 14 15 16 17 18 19 20 23 24 25 26 27 28 29 30 32 29 30 32 29 30 32 29 32 20 20 20 20 20 20 20 20 20 2	 controlled entity or family member of any of these Loans and other receivables from other disqualit under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 1 Investments - program-related. See Part IV, line 1 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equality) Deferred revenue Cans and other payables to any current or form trustee, key employee, creator or founder, subst controlled entity or family member of any of these Secured mortgages and notes payable to unrelated Other labilities (including federal income tax, pa parties, and other liabilities not included on linese of Schedule D Corganizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Net assets with donor restrictions Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ec Retained earnings, endowment, accumulated in Total net assets or fund balances 	 controlled entity or family member of any of these person Loans and other receivables from other disqualified person under section 4958(f)(1)), and persons described in section Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Intangible assets Other assets. Add lines 1 through 15 (must equal line 33 Accounts payable and accrued expenses Grants payable Deferred revenue Escrow or custodial account liability. Complete Part IV of 22 Loans and other payables to any current or former officent trustee, key employee, creator or founder, substantial co controlled entity or family member of any of these persor Secured mortgages and notes payable to unrelated third pa Other liabilities (including federal income tax, payables to parties, and other liabilities not included on lines 17-24). (of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment Retained earnings, endowment, accumulated income, or Total net assets or fund balances 	 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a 363,338. b Less: accumulated depreciation 10b 287,443. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 11 Investments - other securities. See Part IV, line 11 11 Investments - other securities. See Part IV, line 11 11 Investments - other securities. See Part IV, line 11 11 Investments - program-related. See Part IV, line 13 12 Other assets. See Part IV, line 14 13 Investments - Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25 Organizations that do not follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 24 Net assets without donor restrictions 25 Organizations that do not follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets with donor restrictions 28 Net assets with donor restrictions 29 Capital stock or trust principal, or current funds 29 Capital stock or trust principal, or current funds 20 Capital stock or trust principal, or current funds 21 Passets or fund balances 	controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(0)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 149,249. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 363,338. 1 Investments - ublicly traded securities 39,412,829. 11 Investments - program-related. See Part IV, line 11 8,649,828. 11 Investments - program-related. See Part IV, line 11 518,455. 15 Other assets. Add lines 1 through 15 (must equal line 33) 56,686,859. 17 Accounts payable and accrued expenses 3,848,616. 18 Grants payable 6,628. 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 22 Lans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23,1,614. 23 Secured notes and loars payable to unrelated third parties 21,331,614.	controlled entity or family member of any of these persons 5 6 Lanars and other receivables from other disqualified persons (as defined under section 4958(f)(1), and persons described in section 4958(c)(3)(B) 6 7 Notes and loars receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 149,249.9 10a 363,338. 8 11 Investments - publicly traded securities 39,412,829.11 12 Investments - other securities. See Part IV, line 11 8,649,828.12 13 Investments - orgaran-related. See Part IV, line 11 13 14 for thraugible assets 14 56 6.686,859.1 16 77 Accounts payable and accrued expenses 3,848,616.1 17 Accounts payable and accrued expenses 3,848,616.1 18 Deferred revenue 6,628.19 19 Deferred revenue 6,628.19 20 Eax-exempt bond liability. Complete Part IV of Schedule D 22 21 Eax other payables to any current of former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of th

Form 990 (2023)

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THE HOPE FOUNDATION

Form	1990 (2023) THE HOPE FOUNDATION	74-	-2655302	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	. <u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,05		
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,39		
3	Revenue less expenses. Subtract line 2 from line 1	3	3,66		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31,50		
5	Net unrealized gains (losses) on investments	5	3,95	4,2	05.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	39,11	5,9	52.
Pa	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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e 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	l 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?			X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X 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				
	review, or compilation of its financial statements and selection of an independent accountant?			X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C).		
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?		<u>3a</u>	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X 000	

Form **990** (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

(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. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Nan	ne of	the organization							identification number
-			HOPE FOUND						4-2655302
	rt I	Reason for Public C					ee instruction	S.	
The	organ	ization is not a private found		•		,			
1	Щ	A church, convention of chu				n 170(b)(1	l)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in so	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov							
7	X	An organization that normal	lly receives a substar	ntial part of its support fi	rom a gove	ernmental	unit or from th	ie general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
		university:							
10		An organization that normal	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) c	r section	509(a)(2).	See section §	509(a)(3). (Check the box on
		lines 12a through 12d that o	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	upporting
		organization. You must c	omplete Part IV, Se	ections A and B.					
b		Type II. A supporting orga	anization supervised	or controlled in connect	tion with its	s supporte	ed organization	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manaç	ge the supp	ported
		_ organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete l	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	v integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally inte	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III	
		functionally integrated, or	Type III non-functior	nally integrated supporti	ng organiz	ation.			
		er the number of supported o	•						
g		vide the following information			(iv) Is the orac	anization listed	(1) Amount of		
	(i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see in	istructionsj	
Tota	ai						1		1

Schedule A (Form 990) 2023

THE HOPE FOUNDATION

74-2655302 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support			-			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4540229.	3675507.	4299705.	5775551.	6497943.	24788935.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4540229.	3675507.	4299705.	5775551.	6497943.	24788935.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						387,759.
	Public support. Subtract line 5 from line 4.						24401176.
Se	ction B. Total Support				[
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	4540229.	3675507.	4299705.	5775551.	6497943.	24788935.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	1740708.	1074498.	2000529.	1041424.	2324264.	8181423.
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.)			18,250.	23,014.	429.	
11	Total support. Add lines 7 through 10						33012051.
12	,		,				,573,807.
13	First 5 years. If the Form 990 is for the	0	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
-	organization, check this box and stor	here					
	ction C. Computation of Publi						
	Public support percentage for 2023 (I					14	73.92 %
	Public support percentage from 2022					15	73.34 %
16a	33 1/3% support test - 2023. If the o						77
_	stop here. The organization qualifies		-				
k	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	zation
_	meets the facts-and-circumstances te	-			-		
k	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
40	organization meets the facts-and-circu				• •		
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 160, 17a, or 17b	o, check this box a		<u>s</u>
						ochequie A	11 01111 3301 2023

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Schedule A ((Form 990) 202

THE HOPE FOUNDATION

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization'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 disgualified 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		_		_	_	
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, 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						
c 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 t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgai	nization,
	-		<u></u>	<u>.</u>	-	
Section C. Computation of Pub	lic Support Per	rcentage				
15 Public support percentage for 2023	(line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 202	2 Schedule A, Part	III, line 15			16	%
Section D. Computation of Inve	stment Income	e Percentage			· · · · ·	
17 Investment income percentage for 2	.023 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18 Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2023. If th	e organization did r	not check the box	on line 14, and lin	e 15 is more than a	33 1/3%, and	line 17 is not
more than 33 1/3%, check this box a	and stop here. The	organization qual	lifies as a publicly	supported organization	ation	
b 33 1/3% support tests - 2022. If th	e organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/	3%, and
line 18 is not more than 33 1/3%, ch	eck this box and st	t op here. The orga	anization qualifies	as a publicly supp	orted organiza	ation
20 Private foundation. If the organizati	<u>on did not check a</u>	box on line 14, 19	a, or 19b, check t	this box and see in	structions	
332023 12-21-23		_	_		Scheo	dule A (Form 990) 2023
		16)			

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1

Yes No

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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 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.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined 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.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 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.)

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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2023

17

Part IV	Supporting Organ	izations	(continu	ed)
Schedule A	(Form 990) 2023	THE	HOPE	FOUNDATION

2

3

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	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 line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		1
Sec	tion 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.	-
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.	<u>or controlled the sui</u>	oporting organization.	
Section C. Ty	pe II Supporting	g Organizations	

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control of the support of the

Sec	cion D. All Type in Supporting Organizations
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax
	year (ii) a copy of the Form 990 that was most recently filed as of the date of potification, and (iii) copies of the

	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 on 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 Part VI the role the organization's		

supporte	ed organiza	ations plaved	l in this regard.			
Section E	Type III	Function	allv Integra	ted Support	ing Organiza	ations

 	enany megra		5 e. gan	 		
					 	,

1	1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see	instructi	ions
---	---	------	-----------	------

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** ____ The organization is the parent of each of its supported organizations. *Complete* line 3 *below.*

c L		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity	[,] (see instruction <u>s).</u>
-----	--	---	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *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.*

Yes No 2a ... 2a ... 2b ... 3a ... 3b ...

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on	Nov. 20, 1970 (<i>explain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion 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-function	ally integrate	ed Type III supporting orga	nization (see

THE HOPE FOUNDATION

instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Organ	nizations (continue	<u>d)</u>	
Secti	on D - Distributions		г		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023		(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years			_	
h	Applied to 2023 distributable amount			_	
<u> i </u>	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$			_	
	Applied to underdistributions of prior years			-	
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.			_	
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.			-	
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021 Excess from 2022				
	Excess from 2022 Excess from 2023				
e	EVICES IIUIII 2020				

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	THE HOPE FOUND	ATION	74-2655302	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, 2 line 1; Part IV, Section D, lin	, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9t es 2 and 3; Part IV, Section	o, 9c, 11a, 11b, and 11c; Part IV E, lines 1c, 2a, 2b, 3a, and 3b; F	; Part II, line 17a or 17b; Part III, line 12; /, Section B, lines 1 and 2; Part IV, Section Part V, line 1; Part V, Section B, line 1e; Par part for any additional information.	C,
332028 12-21-2	3		21	Schedule A (Form 9	90) 2023

		0				OMB No. 1545-00	147		
	HEDULE D	Supplementa					4/		
(Forr	n 990)	Complete if the orga Part IV, line 6, 7, 8, 9, 10				2023	j –		
Depart	ment of the Treasury	A	ttach to Form 990.		Open to				
	I Revenue Service	Go to www.irs.gov/Form99	0 for instructions a	nd the latest information		Inspection			
Nam	e of the organizati	ION THE HOPE FOUNDATIO	M		En	ployer identification nun 74-2655302	nber		
Pa	tl Organiza	ations Maintaining Donor Advise		er Similar Funds or	Accou				
		on answered "Yes" on Form 990, Part IV, lin							
		, , <u>,</u>		dvised funds	(b) Fu	nds and other accounts			
1	Total number at e	nd of year			. ,				
2		of contributions to (during year)							
3		of grants from (during year)							
4		at end of year							
5		on inform all donors and donor advisors in		ts held in donor advised f	unds				
	-	on's property, subject to the organization's	-			Yes	No		
6		on inform all grantees, donors, and donor a							
	for charitable purp	poses and not for the benefit of the donor o	r donor advisor, or f	or any other purpose conf	erring				
	impermissible priv						No		
Pa	t II Conserv	vation Easements. Complete if the or	ganization answered	l "Yes" on Form 990, Part	IV, line 7				
1	Purpose(s) of cons	servation easements held by the organizati	on (check all that ap	ply).					
	Preservation	n of land for public use (for example, recrea	tion or education)	Preservation of a h	istoricall	/ important land area			
	Protection of	of natural habitat		Preservation of a c	ertified h	istoric structure			
	Preservation	n of open space							
2	•	through 2d if the organization held a quali	fied conservation co	ntribution in the form of a	conservation				
	day of the tax yea					Held at the End of the Tax	Year		
а	Total number of co	onservation easements			. <u>2a</u>				
b	Total acreage rest	ricted by conservation easements							
С		vation easements on a certified historic str			<u>2c</u>				
d		vation easements included on line 2c acqu	•						
		ture listed in the National Register							
3		vation easements modified, transferred, rel	eased, extinguished	, or terminated by the org	anizatior	during the tax			
	year								
4		where property subject to conservation easily							
5		ation have a written policy regarding the per	la a lala O			Yes	No		
6		forcement of the conservation easements it er hours devoted to monitoring, inspecting,							
0		in nours devoted to monitoring, inspecting,		is, and enforcing conserva	ation eas	ements during the year			
7	Amount of expens	ses incurred in monitoring, inspecting, hand	lling of violations an	d enforcing conservation	easeme	nts during the year			
•	A mount of expense	see mourred in monitoring, mopeoting, have	ing of violations, a	a chiefeing conservation	caseme	to during the year			
8	Does each conser	 vation easement reported on line 2d above	satisfy the requirem	nents of section 170(h)(4)(l	3)(i)				
)(4)(B)(ii)?	•			Yes	No		
9		be how the organization reports conservati							
	balance sheet, and	d include, if applicable, the text of the footr	note to the organizat	ion's financial statements	that des	cribes the			
	organization's acc	counting for conservation easements.	-						
Pa	t III Organiza	ations Maintaining Collections of	Art, Historical	Treasures, or Other	⁻ Simila	ar Assets.			
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.						
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its	s revenue statement and b	balance s	heet works			
	of art, historical tre	easures, or other similar assets held for put	olic exhibition, educa	ation, or research in furthe	rance of	public			
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that	t describes these items.					
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its rev	venue statement and bala	nce shee	t works of			
	art, historical treas	sures, or other similar assets held for public	exhibition, education	on, or research in furthera	nce of pu	ıblic service,			
	•	ing amounts relating to these items.							
		Ided on Form 990, Part VIII, line 1				\$			
		ed in Form 990, Part X				\$			
2	If the organization	received or held works of art, historical tre	asures, or other sim	ilar assets for financial gai	n, provic	e			
	•	unts required to be reported under FASB A	•						
а	Revenue included	on Form 990, Part VIII, line 1				\$			

а	Revenue included on Form 990, Part VIII, line 1	

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

Schedule D (Form 990) 2023

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Partial Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization acquisition, accussion, and other records, check any of the following that make significant use of its a — Pable orbition d Learn or exchange program b — Divide orbition d Learn or exchange program c — Preservation for future generations d Learn or exchange program c — Preservation for future generations d Learn or exchange program c — Provide adextription to be anginated as apt of the organization solution? Yes No Partial Escrove and Custoodial Arrangements complete if the organization accuston? Yes No reported an amount on from 980, Part X ine 21. Test organization accuston and agenet threader and a part of the organization accuston and accuston and accuston accu	Sche		E FOUNDATI						74-26	<u>5530</u> 2	2 P	age 2
collection lens (check all that apply). Collection lens (check all that apply). Scholarly research Collection is scholarly research Collection research <	Par	t III Organizations Maintaining C	ollections of Ar	t, Histor	ical Tre	easures, or	[·] Othe	r Simila	r Assets	(contin	nued)	
a Public exhibition d Can or exchange program b Scholary research e Otter	3	Using the organization's acquisition, accessi	on, and other record	s, check a	ny of the	following that	make s	ignificant	use of its			
b Scholarly research e Other c Presentation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Uning the year, did the organization solicit or receive domations of art, historical treasures, or other similar assets to be solid to raise funds rainfands as part of the organization answered "Yes" on Form 990, Part X, Inor 21. 1a Is the organization and provide an amount on Form 990, Part X, Inor 21. The is the organization and provide an amount on Form 990, Part X, Inor 21. 1a Is the organization and provide an amount on Form 990, Part X, Inor 21. Amount To especiation (Figure 20, Part X) 1b It 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount To effect and the part of the part of the part XIII. 1b Detriction during the year To especiation include an amount on Form 990, Part X, Inc 21, for escrow or custodial account libitity? Yes: No 1a Detriction and the part ATIII. Check here if the explanation include an amount on equivation answered 'Yes' on Form 990, Part X, Inc 10. Inc especiation include an amount on Form 990, Part X, Inc 21, for escrow or custodial account in Part XIII. Yes 1a Beginning of year balance (a) Carrent year (b) Prior year (c) The yeare shall (c) escrewer Yes'		collection items (check all that apply).										
c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XII. Part IV Escrew and Custodial Arrangements Complete if the organization answered "Yes" on Form 900, Part X, line 9, or reported an amount on Form 900, Part X, line 21. If is the organization an agent, trustee, custodial, or other intermediary for contributions or other assets not included on Form 900, Part X? If is the organization an agent, trustee, custodial, or other intermediary for contributions or other assets not included on Form 900, Part X? If is the organization an agent, trustee, custodial, or other intermediary for contributions or other assets not included on Form 900, Part X? If is the organization an agent, the Part X, line 21, for escrew or custodial account liability? If is a custom of the part Part X is the organization answered "Yes" on Form 900, Part X, line 21, for escrew or custodial account liability? If is a custom part Part X is the organization answered "Yes" on Form 900, Part X, line 21, for escrew or custodial account liability? If is a custom part Part X is the organization answered "Yes" on Form 900, Part X, line 21, for escrew or custodial account liability? If is a custom part Part X is the organization answered "Yes" on Form 900, Part X, line 21, for escrew account liability? If is a custom status is	а	Public exhibition	c	I 🗌 Lo	an or exc	change progra	ım					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of at, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part W Escrew and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21, lor escrew or custodial account liability? Segmining balance Conclusions Part W Endowment Form 990, Part X, line 21, for escrew or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Control of the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No b If Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part W Endowment Fund's Complete if the organization answered 'Yes' on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No b If Yes, 'explain the arrangement in Part XIII. Part W Endowment Fund's Complete if the organization maxwered 'Yes' on Form 990, Part X, line 10. The yes are balance (a) Current year (b) Priory year (c) There years back (d) Three years back (d) Four years back d Grants or scholenthips contributions (b) Priory year (c) How years back (d) Grants or scholenthips (f) Order year claites and programs d Grants or scholenthips control tube organization scholenthips control tube organizations? Provide the estimated percentage of the current year end balance (line 1g, solumin (a)) held as: Board designated or quadrations? Complete if the organizations in the possession of the organization that are he	b	Scholarly research	e	e 🗌 Ot	her							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be seld to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements reported an amount on Form 990, Part X, line 21. If a lis the organization an agent, or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Complete if the organization asserted "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X? Image: Complete if the organization asserted "Yes" on Form 990, Part X? 6 Beginning balance Image: Complete if the organization asserted "Yes" on Form 990, Part X. Image: Complete if the organization and complete if the organization answered "Yes" on Form 990, Part X. Image: Complete if the organization answered "Yes" on Form 990, Part X. Image: Complete if the organization answered "Yes" on Form 990, Part X. Image: Complete if the organization answered "Yes" on Form 990, Part X. Image: Complete if the organization answered "Yes" on Form 990, Part X. Image: Complete if the organization answered "Yes" on Form 990, Part X. Image: Complete if the organization answered "Yes" on Form 990, Part X. Image: Complete if the organization answered "Yes" on Form 990, Part X. Image: Complete if the organization answered "Yes" on Form 990, Part X. Image: Complete if the organization Part X. Image: Comple	с	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization a collection? Yes No. Part IV Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. The second and Custodial Arrangements. Complete the organization answered "Yes" on Form 990, Part X, line 9, or resolutions or other assets not included on Form 980, Part X 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 980, Part X Yes No. b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount To Id Id <t< th=""><th>4</th><th>Provide a description of the organization's co</th><th>ollections and explair</th><th>n how they</th><th>further t</th><th>he organizatio</th><th>n's exei</th><th>mpt purpo</th><th>se in Part</th><th>XIII.</th><th></th><th></th></t<>	4	Provide a description of the organization's co	ollections and explair	n how they	further t	he organizatio	n's exei	mpt purpo	se in Part	XIII.		
Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X line 21. Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Intermediation of the part XIII and complete the following table: Amount Intermediation of the part XIII and complete the following table: Amount Intermediation of the part XIII and complete the following table: Amount Intermediation of the part XIII and complete the following table: Amount Intermediation of the part XIII and complete the following table: Amount Intermediation of the part XIII and complete the following table: Amount Intermediation of the part XIII and complete the following table: Amount Intermediation of the part XIII and complete the following table: Amount Intermediation of the part XIII and complete the following table: Intermediation and part Yes No Intermediation and part Yes No Intermediation answered Yes' on Form 990, Part X line 10. Intermediation answered Yes' on Form 990, Part X line 10. Intermediation answered Yes' on Form 990, Part X line 10. Intermediation answered Yes' on Form 990, Part X line 10. Intermediation answered Yes' on Form 990, Part X line 10. Intermediation answe	5	During the year, did the organization solicit of	or receive donations of	of art, histo	rical trea	sures, or othe	r simila	r assets				
reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 980, Part X? b if 'Yes,' explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year 1a Dit the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Ves No D the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Ves Part V Endowment Funds Complete if the organization nasweed 'Ves' on Form 990, Part X, line 21, for escrew or custodial account liability? Ves Part V Endowment Funds Complete if the organization nasweed 'Ves' on Form 990, Part X, line 21, for escrew or custodial account liability? Ves 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back 1a Contributions (a) Current year endo balance (line 1), column (a) held as: (a) Content year endo balance (line 1), column (a) held as: a Board designated or quasiendowment % (b) Prior year (c) Norganization for the possession of the organization for the organization for the organization set organization set organization set organization for the organization by: (b) Continue tand) (b) Core to almos												No
on Form 990, Part X7	Par			te if the or	ganizatio	n answered "ነ	res" on	Form 990	, Part IV, li	ne 9, or		
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d f Ending balance 1t 2a Distributions during the year 1d f Ending balance 1t 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes D If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. No b D'mory explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. No f Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back f Grants or scholarships (a) Current year (b) Prior year (c) Two years back (d) Three years back f Grants or scholarships (c) Two years back <t< th=""><th>1a</th><th>Is the organization an agent, trustee, custod</th><th>ian, or other intermed</th><th>diary for co</th><th>ntributio</th><th>ns or other as</th><th>sets not</th><th>included</th><th></th><th></th><th></th><th></th></t<>	1a	Is the organization an agent, trustee, custod	ian, or other intermed	diary for co	ntributio	ns or other as	sets not	included				
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d Additions during the year Id e Distributions during the year Id 12 Ending balance If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Image: Complete if the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Control of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (e) Four years back 1b Contributions (b) Prior year (c) Two years back (e) Four years back (e) Four years back 2 Provide the estimated procentage of the current year end balance (line 1g, column (a) held as: a Board designated or quasi-endowment % 2 Provide the estimated percentage of the current year end balance (line 1g, column (a) held as: a Board designated or quasi-endowment % <										Amoun	t	
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f Ending balance 11 2a Did the organization include an anount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b ft "Yes", explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Ves No Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Not investment earnings, gains, and loses (a) Current year (b) Prior year (c) Two years back (e) Four years back d Grants or scholarships (a) Current year end balance (line 1g, column (a) held as: (a) Edignated or quasi-endowment % c Provide the estimated percentage of the current year end balance (line 1g, column (a) held as: (a) Are there endowment funds not in the possession of the organization state percentages on lines 2a, 2b, and 2a, bod qual 100%. (a) Are there endow	d	Additions during the year						. 1d				
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b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds: Complete if the organization answered "Yes" on Form 990, Part X, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Cher expenditures for facilities (c) Two years (c) Two years (d) Three years (e) Four years a Contributions (c) Two years (c) Two years (d) Three years (e) Four years a Contributions (c) Two years (c) Two years (d) Four years (e) Four years g End of year balance (f) Part Mark <t< th=""><th>f</th><th>Ending balance</th><th></th><th></th><th></th><th></th><th></th><th> 1f</th><th></th><th>_</th><th></th><th>_</th></t<>	f	Ending balance						1 f		_		_
Part V Endowment Funds Complete if the organization answered *Yes* on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Control (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities (c) Two years back (d) Two years back (e) Four years back c Other expenditures for facilities (c) Two years back (c) Two years back (c) Two years back g End of year balance (c) Two years back (c) Two years back (c) Two years back g Ford of year balance (c) Two years back (c) Two years back (c) Two years back (c) Years back g Ford of year balance (c) Two years back (c) Two years back (c) Two years back (c) Years back g Ford of	2a	Did the organization include an amount on F	orm 990, Part X, line	21, for esc	row or c	ustodial accou	unt liabi	lity?	L	Yes		No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance												
1a Beginning of year balance Image: Contributions Image: Contributions b Contributions Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions e Other expenditures for facilities Image: Contributions Image: Contributions a Administrative expenses Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Image: Contributions 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Image: Column (a) 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Image: Column (a) 3 Board designated or quasi-endowment	Par	TV Endowment Funds Complete if										
b Contributions			(a) Current year	(b) Pric	or year	(c) Two year	's back	(d) Three	years back	(e) Fou	years	back
c Net investment earnings, gains, and losses	1 a											
d Grants or scholarships	b	Contributions										
e Other expenditures for facilities and programs	С	Net investment earnings, gains, and losses										
and programs	d	Grants or scholarships										
f Administrative expenses	е	Other expenditures for facilities										
g End of year balance												
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% a The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations? (i) Unrelated organizations? (ii) Related organizations? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answerd "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) buildings Buildings c Leasehold improvements 333, 216, 1, 938, 31, 278. d Equipment a 330, 122, 285, 505, 44, 617. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 75, 895.	f	Administrative expenses										
a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (ii) Related organizations? (ii) Related organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (investment) (b) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (other) (d) Book value basis (other) (d) Book value dequipment (c) Leasehold improvements (c) Accumulated depreciation (d) Equipment (d) Equipment (d) Cost or 0000, Part X, line 10c, column (B) (d) So 5, 50 5, 44, 617. 	g											
b Permanent endowment % c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (ii) Related organizations? (ii) Related organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (i) Unrelate the related organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 1a Land	2		•	e (line 1g, c	olumn (a	a)) held as:						
c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (ii) Related organizations? (ii) Tess" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment 3b 3b 3b 3b 3b 3b 3b 3c 3c </th <th>а</th> <th></th> <th></th> <th>_%</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	а			_%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (ii) Related organizations? (iii) Related organizations and the organization is sequired on Schedule R? (iii) Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (e) Other (c) Column (d) must equal Form 990, Part X, line 10c, column (B) (c) Column (d) must equal Form 990, Part X, line 10c, column (B)	b											
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations? 3a(i) (ii) Related organizations? 3a(ii) b If "Yes" on line 3a(ii), are the related organization's endowment funds. 3a(ii) Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	с											
organization by: Yes No (i) Unrelated organizations? 3a(i) Image: State in Part NI Nethod Neth												
(i) Unrelated organizations? 3a(i) (ii) Related organizations? 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b Buildings c Leasehold improvements d 33, 216. 1, 938. d Equipment e Other 330, 122. 285, 505. 44, 617. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 75, 895.	3a		ession of the organiza	ation that a	re held a	nd administere	ed for th	ne		1	Vee	Na
(ii) Related organizations? 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land		0									res	NO
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1a Land 1a <												
4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings (d) Book value c Leasehold improvements 33,216. d Equipment 330,122. e Other 330,122. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c. column (B))		•										
Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	D									30		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	Par			wment fun	as.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	1 41) Part IV li	ne 11a S	See Form 990	Part X	line 10				
Image: Second state of the									od	(d) Poo	k volu	
b Buildings 33,216 1,938 31,278 c Leasehold improvements 33,216 1,938 31,278 d Equipment 330,122 285,505 44,617 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 75,895		Description of property			• •		• •			(a) 800	k valu	e
b Buildings 33,216 1,938 31,278 c Leasehold improvements 33,216 1,938 31,278 d Equipment 330,122 285,505 44,617 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 75,895	1a	Land										
d Equipment 330,122. 285,505. 44,617. e Other 330,122. 285,505. 44,617. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B)) 75,895.	b	Buildings										
e Other 330,122. 285,505. 44,617. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B)) 75,895.	с	Leasehold improvements			3	3,216.		1,9	38.	3	1,2	78.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. line 10c, column (B))	d	Equipment										
	-							285,5	05.			
	<u>Tota</u>	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X, line 10c</u>	column	(<u>B))</u>		<u></u>				

Schedule D (Form 990) 2023

Part VII Investments - Other Securities Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	1b See Form 990 Part X line 12	
(a) Description of security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
	(2) 20011 12100		
(1) Financial derivatives(2) Closely held equity interests			
(3) Other			
(A) LIMITED PARTNERSHIP-			
(B) PARAMETRIC DEFENSE EQUITY			
(C) FUND LLC	4,963,952.	END-OF-YEAR MARKET	VALUE
(D) LIMITED PARTNERSHIP-			
(E) PIMCO TACTICAL			
(F) OPPORTUNITIES OFFSHORE			
(G) FUND, L.P	2,390,477.	END-OF-YEAR MARKET	VALUE
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	7,354,429.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 000 Port IV line 1	1d Soc Form 000 Port V line 15	
	Description	Tu. See Form 990, Part A, life 15.	(b) Book value
	Description		(b) BOOK Value
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
(5) (6)			
(7)(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X Other Liabilities	(D)/		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ASSETS HELD FOR OTHERS			18,850,614.
(3) PUBLIC FUNDS			740,147.
(4) LEASES PAYABLE			333,880.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col.	<i>(B</i>))		19,924,641.
2. Liability for uncertain tax positions. In Part XIII, provide			nat reports the

THE HOPE FOUNDATION

Schedule D (Form 990) 2023

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 ... X

Schedule D (Form 990) 2023

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332053 09-28-23

09360730 755817 340540

Sche	dule D (Form 990) 2023 THE HOPE FOUNDATION				2655302 Page	4				
Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per 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	18,874,528.	•				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:									
а	Net unrealized gains (losses) on investments	2a	3,954,205.							
b	Donated services and use of facilities	2b								
с	Recoveries of prior year grants									
d	Other (Describe in Part XIII.)	2d	15,238.							
е	Add lines 2a through 2d			2e	3,969,443.	•				
3	Subtract line 2e from line 1			3	14,905,085.	•				
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	148,089.							
b	Other (Describe in Part XIII.)	4b								
с	Add lines 4a and 4b			4c	148,089.					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	15,053,174.	•					
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme		th Expenses per F	Retur	n					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					_				
1	Total expenses and losses per audited financial statements			1	11,258,577.	•				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:									
а	Donated services and use of facilities	2a								
b	Prior year adjustments	2b								
С	Other losses			-						
d	Other (Describe in Part XIII.)		15,238.							
е	Add lines 2a through 2d			2e	15,238.	•				
3	Subtract line 2e from line 1			3	11,243,339.	•				
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	148,089.							
b	Other (Describe in Part XIII.)	4b								
с	Add lines 4a and 4b			4c	148,089.					
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	11,391,428.	•				
Pa	rt 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.

PART X, LINE 2:

IN THE PREPARATION OF TAX RETURNS, TAX POSITIONS ARE TAKEN BASED ON
INTERPRETATION OF FEDERAL, STATE, AND LOCAL INCOME TAX LAWS. MANAGEMENT
PERIODICALLY REVIEWS AND EVALUATES THE STATUS OF UNCERTAIN TAX POSITIONS
AND MAKES ESTIMATES OF AMOUNTS, INCLUDING INTEREST AND PENALTIES,
ULTIMATELY DUE OR OWED. NO AMOUNTS HAVE BEEN IDENTIFIED, OR RECORDED, AS
UNCERTAIN TAX POSITIONS. FEDERAL, STATE, AND LOCAL TAX RETURNS GENERALLY
REMAIN OPEN FOR EXAMINATION BY VARIOUS TAXING AUTHORITIES FOR A PERIOD OF
THREE TO FOUR YEARS.

30

PART XI, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSETS

15,238.

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Schedule D (Form 990) 2023

2023.04010 THE HOPE FOUNDATION

Schedule D (Form 990) 2023 THE HOPE FOUNDATION	74-2655302 Page 5
Schedule D (Form 990) 2023 THE HOPE FOUNDATION Part XIII Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
LOCC ON DICDOCAL OF FIVED ACCEMC	15 000
LOSS ON DISPOSAL OF FIXED ASSETS	15,238.

Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations,OMB No. 1545-0047Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.OMB No. 1545-00472023										
Department of the Treasury	Comp		Attach to Form				Open to Public				
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest information	ation.		Inspection				
Name of the organization THE HOPE	FOUNDATIC	N					Employer identification number $74 - 2655302$				
Part I General Information on Grants a	nd Assistance										
1 Does the organization maintain records the criteria used to award the grants or assis	stance?										
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to recipient that received more than S	Domestic Organi	izations and Domestic	c Governments. C	omplete if the orga	anization answered "Y	es" on Form 990, Parl	t IV, line 21, for any				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
BAPTIST HEALTH 6855 RED ROAD, SUITE 600 CORAL GABLES, FL 33143	65-0267668	501(C)(3)	32,054.	0.			DIVERSITY, EQUITY AND INCLUSION				
COLUMBIA UNIVERSITY MEDICAL CENTER 161 FORT WASHINGTON AVENUE NEW YORK, NY 10032	13-5598093	501(C)(3)	11,698.	0.			GRANT WRITING WORKSHOP				
COLUMBIA UNIVERSITY MEDICAL CENTER 161 FORT WASHINGTON AVENUE NEW YORK, NY 10032	13-5598093	501(C)(3)	125,000.	0.			SWOG/HOPE IMPACT				
COLUMBIA UNIVERSITY MEDICAL CENTER 161 FORT WASHINGTON AVENUE NEW YORK, NY 10032	13-5598093	501(C)(3)	27,978.	0.			STRS FUNDING				
FRED HUTCHINSON CANCER RESEARCH 1100 FAIRVIEW AVE N SEATTLE, WA 98109-1024	23-7156071	501(C)(3)	125,000.	0.			SWOG/HOPE IMPACT				
FRED HUTCHINSON CANCER RESEARCH 1100 FAIRVIEW AVE N SEATTLE, WA 98109-1024	23-7156071	501(C)(3)	31,674.	0.			SWOG/HOPE SEED FUNDING				
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations 	•	•	e line 1 table				<u> </u>				

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

Schedule I (Form 990) 2023

THE HOPE FOUNDATION

Schedule I (Form 990) THE HOPE Part II Continuation of Grants and Other A			and Domestic Go	vernments (Sche	edule I (Form 990). Pa		74-2655302 Pag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RED HUTCHINSON CANCER RESEARCH							
100 FAIRVIEW AVE N							
SEATTLE, WA 98109-1024	23-7156071	501(C)(3)	62,500.	0.			SWOG/HOPE SEED FUNDING
OHNS HOPKINS							
910 KESWICK ROAD, N4327-B							DIVERSITY, EQUITY AND
BALTIMORE, MD 21211	52-0595110	501(C)(3)	26,685.	0.			INCLUSION
,			,				
MAYO CLINIC ARIZONA							
13400 EAST SHEA BOULEVARD							
SCOTTSDALE, AZ 85259	86-0800150	501(C)(3)	175,000.	0.			SWOG/HOPE IMPACT
RESEARCH INSTITUTE AT NATIONWIDE							
700 CHILDRENS DRIVE							STRS FUNDING - TRIAL
	31-6056230	501(C)(3)	150,000.	0.			S2212
COLUMBUS, OH 43205	31-0030230	501(C)(3)	150,000.	0.			52212
RHODE ISLAND HOSPITAL							
593 EDDY STREET							
PROVIDENCE, RI 02903	05-0258954	501(C)(3)	55,613.	0.			SWOG DIVERSITY OFFICER
HE JACKSON LABORATORY							
500 MAIN STREET							STRS FUNDING - TRIAL
BAR HARBOR, ME 04609	01-0211513	501(C)(3)	75,000.	0.			S2108
		551(6)(5)	, , , , , , , , , , , , , , , , , , , ,	.			
JNIVERSITY OF TENNESSEE							
201 ANDY HOLT TOWER							
NOXVILLE, TN 37996-0100	62-6001636	INSTRUMENTALITY	30,898.	0.			SWOG/HOPE SEED FUNDING
INIVERSITY OF TEXAS HSC AT HOUSTON							
000 FANNIN	74 1761200	COVEDNMENT	18 600	_			DIVERSITY, EQUITY AND
HOUSTON, TX 77030	74-1761309	GOVERNMENT	17,623.	0.			INCLUSION
JNIVERSITY OF WASHINGTON							
9750 3RD AVE, NE; SUITE #400, BOX 3							
EATTLE, WA 98115	91-6001537	501(C)(3)	50,000.	0.			COLTMAN FELLOWSHIP

Schedule I (Form 990)

THE HOPE FOUNDATION

Schedule I (Form 990) THE HOPE							4-2655302 Page
Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Do (b) EIN	(c) IRC section (c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	dule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	rt II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON UNIVERSITY 7425 FORSYTH BOULEVARD MSC 1299-414 ST LOUIS, MO 63105		501(C)(3)	62,500.	0.			NCORP PILOT
ALE UNIVERSITY 7 COLLEGE STREET, SUITE 203 EW HAVEN, CT 06510	06-0646973	501(C)(3)	100,000.	0.			COLTMAN FELLOWSHIP

Schedule I (Form 990)

Schedule I (Form 990) 2023

THE HOPE FOUNDATION

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RAVEL ASSISTANCE	110	238,934.	0.		
Doubly Complemental Information Dravida the information of					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47			
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	2022				
•		Compensated Employees		ZU	2023				
Dene	Department of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.								
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.			Inspection				
Nam	e of the organization	1	Employer i			mber			
		THE HOPE FOUNDATION	74-2	65530	2				
Pa	rt I Question	s Regarding Compensation				. <u> </u>			
					Yes	No			
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,						
		line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or c								
	Travel for com								
		ation and gross-up payments							
	X Discretionary	spending account Personal services (such as maid, chauffer	ur, chet)						
	16								
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or			v				
~		rovision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>	X				
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			х				
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
3	Indicate which if or	w, of the following the exception used to establish the componentian of the exception's							
5		ly, of the following the organization used to establish the compensation of the organization's							
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.									
	· · ·								
	X Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study								
	Independent compensation consultant Image: Compensation survey or study Form 990 of other organizations Image: Compensation survey or study								
			ommittee						
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
-	organization or a re								
а	•	e payment or change-of-control payment?		4a		X			
b		eive payment from a supplemental nonqualified retirement plan?				X			
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		1.		X			
	If "Yes" to any of lin	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n						
	contingent on the re								
а	The organization?			5a		X			
	Any related organiz					X			
	If "Yes" on line 5a c	r 5b, describe in Part III.							
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n						
	contingent on the n	et earnings of:							
а	a The organization?								
b	b Any related organization?								
		r 6b, describe in Part III.							
7	7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments								
not described on lines 5 and 6? If "Yes," describe in Part III									
 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 									
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III								
9									
	Regulations section				~ -	<u> </u>			
For	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n 990)	2023			

LHA 332111 11-06-23

74-2655302

Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOHANNA HORN, MSW	(i)	244,339.	0.	0.	24,490.	20,707.	289,536.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DANA SPARKS	(i)	163,308.	0.	0.	16,733.	17,168.	197,209.	0.
DIRECTOR OF PC & OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Part III Supplemental Information

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

Schedule J (Form 990) 2023

SCHEDULE L

Department of the Treasury

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

. . .

OMB No.	1545-0047

2023	
Open to Public	

Internal Revenue Service	Go	to ww	/w.irs.gov/Form	1990 fe	or inst	ructio	ns and the lat	est	information.			In	spect	Ion		
Name of the organization	n											ident		on nu	mber	
			FOUNDATI									553	02			
Part I Excess I	Benefit Trans	sactio	ons (section 5	01(c)(3), secti	ion 50 [.]	1(c)(4), and see	ctior	n 501(c)(29) orgai	nizatio	ons on	ly)				
Complete i	f the organization	n answ	vered "Yes" on I	Form 9	90, Pa	art IV, I	ine 25a or 25b	; or	Form 990-EZ, Pa	art V, I	ine 40	b.				
1 (a) Name of disqual	ified person	(b) F	Relationship bet			lified	1		escription of tran	eactio	n		(d)	d) Corrected?		
	med person		person and or	rganiza	ation		(0	<i>.</i> , D	escription of tran	Sactio			<u> </u>	es	No	
(1)																
(2)																
(3)																
(4)													_			
(5)													_			
(6)																
2 Enter the amount o	f tax incurred by	the or	rganization man	agers	or disc	qualifie	d persons dur	ing 1	the year under							
											\$					
3 Enter the amount o	f tax, if any, on li	ine 2, a	above, reimburs	ed by	the org	ganizat	ion				\$					
Part II Loans to	and/or Fror	n Inte	orested Per	one												
						–		_								
	0					, Part V	/, line 38a, or l	Forr	n 990, Part IV, lir	ie 26;	or if th	ne orga	Inizatio	on		
(a) Name of	n amount on For		, Part X, line 5, 6 (c) Purpose		∠. oan to or		1 Original			(10	(h) Ap	proved	(:) \A	/ritten	
(a) Name of (b) Relation with organiz			of loan	fron	n the		e) Original cipal amount	(1) Balance due) In ault?	Chickboard or UV			ement?	
	3				From	1'	ļ			Yes	No	Yes	No	Yes	. 	
_(1)				To	FIOIII					165	NO	165	NO	162	No	
(2)															+	
(3)															+	
_(4)																
_(5)																
_(6)																
(7)																
(8)																
(9)																
(10)																
Total							\$									
Part III Grants o	or Assistance	e Ben	efiting Inter	esteo	d Per	sons										
Complete i	f the organization	n answ	vered "Yes" on l	Form 9	990, Pa	art IV, I	ine 27.		•							
(a) Name of intere	sted person	((b) Relationship	betwe	en	(c) Amount of		(d) Type			•) Purp		f	
			interested pers		d		assistance		assistan	се		i	assista	ance		
			the organization	ation												
(1)																
(2)																
(3)		_														
(4)		_														
(5)		_														
(6)		_														
(7)																

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

Schedule L (Form 990) 2023

LHA 332131 11-06-23

(8) (9) (10)

Schedule L (Form 990) 2023

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization			(c) Amount of transaction		Description of ransaction	(e) Sha organiz reven	aring of zation's nues?	
								Yes	No
(1)CRISTIAN ERIKSEN	FATHER	OF	BOARD	MEM	87,004.	W-2	COMPENS		X
(2)									
_(3)									
_(4)									
_(5)									
_(6)									
_(7)									
_(8)									
_(9)									
(10)									
Part V Supplemental Information									

Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

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

(A) NAME OF PERSON: CRISTIAN ERIKSEN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FATHER OF BOARD MEMBER NATHAN ERIKSEN

(D) DESCRIPTION OF TRANSACTION: W-2 COMPENSATION

Schedule L (Form 990) 2023

332132 11-30-23

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection Employer identification number

THE HOPE FOUNDATION

74-2655302

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SESSIONS, TECHNICAL EQUIPMENT, AND MEETING COORDINATION ARE FUNDED BY

THE FOUNDATION.

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

THE FORM 990 IS REVIEWED BY THE BOARD PRESIDENT/ CEO, CHAIR, AND SECRETARY

PRIOR TO FILING.

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

THERE IS A CONFLICT OF INTEREST COMMITTEE THE MANAGES ANY REPORTED

CONFLICTS. CONFLICT FORMS ARE REQUESTED ANNUALLY.

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

THE SALARY STRUCTURE OF THE ORGANIZATION, INCLUDING KEY PERSONNEL, IS

BENCHMARKED EVERY 3 YEARS AGAINST NATIONAL DATA, INCLUDING FORMAL

COMPENSATIONS SURVEYS EVERY 5 YEARS TO MAINTAIN RELEVANCY WITH MARKET

LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: FORM 990, PART VI,

MI, AK, CA, CO, CT, HI, IL, KS, KY, MD, MA, MN, MS, NJ, NY, NC, OH, OK, OR, PA, SC, TN, UT, WA, WI

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

ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

41 2023.04010 THE HOPE FOUNDATION

SCHEDULE F	R
(5	

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number 74 - 2655302

Department of the Treasury Internal Revenue Service

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

Name of the organization

THE HOPE FOUNDATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SWOG CLINICAL TRIALS PARTNERSHIPS LLC -					
26-1146046, 24 FRANK LLOYD WRIGHT DRIVE, ANN					
ARBOR, MI 48105	CANCER CLINICAL TRIALS	TEXAS	6,074,985.	24,430,879.	THE HOPE FOUNDATION

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 THE HOPE FOUNDATION

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

						1						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Gener mana partr	al or F ging er?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
	-											
											+	
	-											
	-											
											+	
	1											
	4											
	4											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b contr	i) b)(13) rolled tity?
		country)		01 (1030)		435013		Yes	No
									<u> </u>
									<u> </u>

Schedule R (Form 990) 2023 THE HOPE FOUNDATION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g		1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
<u>(2)</u>				
<u>(3)</u>				
<u>(4)</u>				
(5)				
(6)				

Schedule R (Form 990) 2023 THE HOPE FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(0)	<u> </u>	C	(d)	6	1	(4)	(a)		<u>لما</u>	(1)	(i)	(k)
(a)	(b)	(c)	(d)	Are Are partners 501(c orgs	all	(f) Chang af	(g)		h)	(i)	(j)	(K)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partner: 501(c	s sec. :)(3)	Share of total	Share of end-of-year	tio	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
of entity		country)	excluded from tax under	orgs		income	assets		tions?	of Schedule K-1	partner?	
		country)	sections 512-514)	Yes	No	Income	455615	Yes	No	(Form 1065)	Yes No	·
				$ \downarrow \downarrow$								ļ
				$\left \right $					-			

Schedule R (Form 990) 2023

THE HOPE FOUNDATION

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2023

332165 09-28-23