| | 000 |
|------|------------|
| Form | 990 |

** PUBLIC DISCLOSURE COPY ** **Return of Organization Exempt From Income Tax**

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.



| Depa | rtment o | of the Treasury nue Service | Do not enter social security numbers on this form Go to www.irs.gov/Form990 for instructions and | - | • | Open to Public Inspection | | | | | | |
|--------------------------------|---|--------------------------------|---|---------------|-------------------------------|------------------------------|--|--|--|--|--|--|
| - | | | | ending | | • | | | | | | |
| Bc | heck if oplicab | C Name o | forganization | Ŭ | D Employer identific | ation number | | | | | | |
| | Addre | ess HOPEKI | DS, INC | | | | | | | | | |
| | Name | | 86-1042378 | | | | | | | | | |
| | Initial Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number | | | | | | | | | | | |
| | Final return | РОВС | X 28471 | | 800-319-5845 | | | | | | | |
| | termir ated | City or t | own, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 5,428,255. | | | | | | |
| | Amen return | 300113 | DALE, AZ 85255 | | H(a) Is this a group ret | | | | | | | |
| | Applie tion pendi | r Name a | nd address of principal officer: JOSHUA TAYLOR | | for subordinates? | | | | | | | |
| | - | SAME AS | C ABOVE | | H(b) Are all subordinates inc | | | | | | | |
| | | empt status: | | or 527 | | ist. See instructions | | | | | | |
| | | te: 🕨 WWW.HC | | | H(c) Group exemption | | | | | | | |
| | orm o | Summary | x Corporation | L Year | of formation: 2001 | State of legal domicile: AZ | | | | | | |
| 10 | | | ער אין | | | | | | | | | |
| e | 1 | | e the organization's mission or most significant activities: EVENTS | | IONI COMMONIII FOR | | | | | | | |
| Activities & Governance | 2 | | $x \models \square$ if the organization discontinued its operations or dispo | | than 25% of its not ass | ate | | | | | | |
| veri | 3 | | | | | 7 | | | | | | |
| ĝ | 4 | | lependent voting members of the governing body (rait v), into ray | | | 6 | | | | | | |
| Š | 5 | | of individuals employed in calendar year 2021 (Part V, line 2a) | | ····· | 0 | | | | | | |
| itie | 6 | | of volunteers (estimate if necessary) | | | 300 | | | | | | |
| ctiv | | | | | 7a | 0. | | | | | | |
| Ă | | | business taxable income from Form 990-T, Part I, line 11 | | | 0. | | | | | | |
| | | | | | Prior Year | Current Year | | | | | | |
| đ | 8 | Contributions | and grants (Part VIII, line 1h) | | 3,634,294. | 4,851,252. | | | | | | |
| nué | 9 | Program servi | ce revenue (Part VIII, line 2g) | | 0. | 0. | | | | | | |
| Revenue | 10 | Investment ind | come (Part VIII, column (A), lines 3, 4, and 7d) | 19,674. | 20,429. | | | | | | | |
| Ē | 11 | Other revenue | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 101,149. | 119,768. | | | | | | | |
| | 12 | | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 3,755,117. | 4,991,449. | | | | | | |
| | 13 | Grants and sir | nilar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | | | | | |
| | 14 | | to or for members (Part IX, column (A), line 4) | | 0. | 0. | | | | | | |
| es | 15 | | r compensation, employee benefits (Part IX, column (A), lines 5-10) | | 1,516,486. | 1,506,243. | | | | | | |
| ens | | | undraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | | | | | |
| Expenses | | | | 963. | 2,066,309. | 2,607,676. | | | | | | |
| | | | es (Part IX, column (A), lines 11a-11d, 11f-24e) | | 3,582,795. | 4,113,919. | | | | | | |
| | | | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 172,322. | 877,530. | | | | | | |
| - s | 19 | Revenue less | expenses. Subtract line 18 from line 12 | | eginning of Current Year | End of Year | | | | | | |
| Net Assets or Fund Balances | 20 | Total assets (| Part X line 16) | | 3,129,870. | 3,984,900. | | | | | | |
| Asse Bali | 20 Total assets (Part X, line 16) 3,129,870. 21 Total liabilities (Part X, line 26) 24,259. | | | | | | | | | | | |
| Net , | 22 | | fund balances. Subtract line 21 from line 20 | | 3,105,611. | 20,676. 3,964,224. | | | | | | |
| Pa | rt II | Signature | | | , = • • , • = = • | , , • | | | | | | |
| Unde | er pena | - | I declare that I have examined this return, including accompanying schedule | s and statem | ents, and to the best of mv | knowledge and belief, it is | | | | | | |
| | | | Declaration of preparen (other than officer) is based on all information of w | | | ç , | | | | | | |
| , | | | A-Jaw W. | | 05/11/20 | 21 | | | | | | |
| Sigr | า | Signatur | e of officer | | Date | | | | | | | |
| Her | | JOSHUA | TAYLOR, PRESIDENT | | | | | | | | | |

| | Type or print name and title | | | | | | | | | |
|------------|--|----------------------|------------|-------------------------|--|--|--|--|--|--|
| | Print/Type preparer's name | Date | Check PTIN | | | | | | | |
| Paid | JACQUELINE ECKMAN | JACQUELINE ECKMAN | 05/11/22 | self-employed P01300648 | | | | | | |
| Preparer | rer Firm's name CLIFTONLARSONALLEN LLP Firm's EIN 41-0746749 | | | | | | | | | |
| Use Only | Firm's address 🖕 20 EAST THOMAS ROAD, SUI | ITE 2300 | | | | | | | | |
| | PHOENIX, AZ 85012 Phone no. (602) 266-2248 | | | | | | | | | |
| May the IF | RS discuss this return with the preparer shown abc | ve? See instructions | | X Yes No | | | | | | |
| | | | | | | | | | | |

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

| | 990 (2021) HOPEKIDS, INC t III Statement of Program Service Accomplishments | 86-1042378 P | Page 2 |
|----|---|---------------------------|--------|
| | Check if Schedule O contains a response or note to any line in this Part III | | X |
| 1 | Briefly describe the organization's mission: | | |
| - | PROVIDE ONGOING EVENTS AND ACTIVITIES AND A POWERFUL, UNIQUE SUPPORT | | |
| | COMMUNITY FOR FAMILIES WHO HAVE A CHILD WITH CANCER OR SOME OTHER | | |
| | LIFE-THREATENING MEDICAL CONDITION. | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| | prior Form 990 or 990-EZ? | Yes X | No |
| | If "Yes," describe these new services on Schedule O. | | _ |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. | Yes X | _ No |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as n | leasured by expenses. | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others | , the total expenses, and | |
| | revenue, if any, for each program service reported. | | |
| 4a | (Code:) (Expenses \$2,236,780. including grants of \$) (Revenue | e \$ | |
| | HOPEDAY PROGRAM - EACH MONTH, WE SCHEDULE A VARIETY OF SPORTING EVENTS, | | |
| | MOVIES, THEATER SHOWS, CONCERTS, ZOO, CIRCUS OR OTHER TYPES OF FUN | | |
| | ACTIVITIES FOR THE WHOLE FAMILY. AS A RESULT OF COVID WE CREATED A NEW | | |
| | VIRTUAL PROGRAM OF EVENTS WHERE WE WERE ABLE TO BRING AN ENTIRELY NEW AND CREATIVE PROGRAM TO THE FAMILIES IN THEIR HOMES AND THEIR HOSPITAL | | |
| | BEDS. WE STRIVE TO KEEP KIDS FOCUSED ON THE FUTURE LOOKING FORWARD TO | | |
| | THE NEXT FUN EVENT AROUND THE CORNER, RATHER THAN DWELLING ON WHAT THEY | | |
| | ARE DEALING WITH IN THE PRESENT. ALL OF OUR EVENTS ARE FOCUSED ON THE | | |
| | WHOLE FAMILY TO PREVENT SIBLINGS FROM BEING UNINTENTIONALLY OVERLOOKED | | |
| | BRING FAMILIES TOGETHER WHO UNDERSTAND THEIR JOURNEY, AND ARE OFFERED | | |
| | AT NO COST TO FAMILIES SEE SCHEDULE O. | | |
| | | | |
| 4b | (Code:) (Expenses \$1, 215, 900. including grants of \$) (Revenue | e\$ | |
| | HOPECOMMUNITY PROGRAM - SUPPORT, LOVE, AND ENCOURAGEMENT ARE ALL | | |
| | NECESSARY FOR FAMILIES WHO HAVE A CHILD WITH CANCER OR SOME OTHER | | |
| | LIFE-THREATENING MEDICAL CONDITION. OUR HOPECOMMUNITY PROGRAM IS | | |
| | DESIGNED TO CREATE EVENTS THAT FOSTER AN ENVIRONMENT THAT ALLOWS FOR | | |
| | THE FORMATION OF DEEPER FRIENDSHIPS AMONG OUR FAMILIES. SMALLER MORE | | |
| | INTIMATE EVENTS THAN THE HOPEDAY PROGRAM THAT ENCOURAGE CONNECTIONS | | |
| | BETWEEN PARENTS AND KIDS THAT HAVE TRAVELED OR ARE CURRENTLY TRAVELING THE SAME SCARY AND UNKNOWN ROAD. AS A RESULT OF COVID WE CREATED A NEW | | |
| | VIRTUAL PROGRAM OF EVENTS WHERE WE WERE ABLE TO BRING AN ENTIRELY NEW | | |
| | AND CREATIVE PROGRAM TO THE FAMILIES IN THEIR HOMES AND THEIR HOSPITAL | | |
| | BEDS ALLOWING THEM TO CONNECT WITH OVER ZOOM SEE SCHEDULE O. | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue | | |
| τC | (code:) (Expenses & including grants of &) (nevenue | εφ | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4d | Other program services (Describe on Schedule O.) | | |
| | | 1 | |
| | (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 3,452,680. |) | |

| Form | 990 (2021) HOPEKIDS, INC 86-10423 | 78 | Р | age 3 |
|--------|---|------|-----|--------------|
| Par | t 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 | Ť | | |
| U | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | x |
| - | | 0 | | <u> </u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | x |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | <u> </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 | | <u>x</u> |
| 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 | | x |
| 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 | х | |
| 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 |
| c | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 1.12 | | |
| Ŭ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | x |
| А | 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 | | | <u> </u> |
| u | | 444 | | x |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> | 11e | | <u> </u> |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | <u> </u> |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | <u> </u> |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | x |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | x |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | 1 |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | x |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | | 17 | | x |
| 40 | column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions | | | <u> </u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | v | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | <u> </u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | 1 |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II | 21 | | X |
| 132003 | 3 12-09-21 | Form | 990 | (2021) |

3 2021.03041 HOPEKIDS, INC

| Form | 990 (2021) HOPEKIDS, INC 86-10423 | 878 | Р | age 4 |
|--------|---|------|-----|--------------|
| Pa | t 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 | | x |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 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 | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | 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 |
| h | 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 | | | |
| | | 25b | | x |
| 26 | Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | 200 | | <u> </u> |
| 20 | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | 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, | 20 | | <u> </u> |
| 21 | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | x |
| 20 | | 21 | | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | 00 | | x |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | |
| с | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | v | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | х | <u> </u> |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| | 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 | | <u>x</u> |
| 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? | | | |
| De | Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance | 38 | Х | |
| Pa | TV Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | X |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a | 8 | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b | 0 | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | |
| 132004 | \$ 12-09-21 | Form | 990 | (2021) |

| | | 5-1042378 | 8 | P | age 5 |
|--------|--|-----------|----------|-----|--------------|
| Par | rt 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 | 0 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | 2b | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | | | |
| 3a | | | 3a | | x |
| b | | | 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 | | | 5a | | x |
| | | | 5a 5b | | x |
| | | | | | |
| | , C | I | 5c | | <u> </u> |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization so | | | | |
| | any contributions that were not tax deductible as charitable contributions? | ····· . | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | |
| | were not tax deductible? | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to t | he payor? | 7a | Х | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | Х | L |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | |
| | to file Form 8282? | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | | |
| е | | | 7e | | х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | | х |
| g | | ired? | 7g | | |
| h | | r | 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 | | | 9a | | |
| b | | ſ | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | 0.0 | | |
| | | | | | |
| a 6 | | | | | |
| 44 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| | | | | | |
| b | | | | | |
| | amounts due or received from them.) | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | ŀ | 12a | 1 | |
| 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. | ļ | | | |
| а | · · · | | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | |
| b | | | | | |
| | organization is licensed to issue qualified health plans | | | | |
| С | Enter the amount of reserves on hand | | | | |
| 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 | | L |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | 1 |
| | 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, any disqualified person, or mine operator engage in any | | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | 17 | | 1 |
| | If "Yes," complete Form 6069. | | ., | | |
| 100007 | E | I | Form | 990 | (2024) |
| 132005 | 5 12-09-21 D | | | 550 | (2021) |

 $16360511 \ 131839 \ 038-001237$

2021.03041 HOPEKIDS, INC

038-0011

| Form | 990 (2021) HOPEKIDS, INC | | | -1042378 | | P | age 6 | | | | |
|----------|--|----------------|--------------|-------------|---------|---------|--------------|--|--|--|--|
| Par | t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th | nrough | 7b below, | and for a " | No" r | espon | se | | | | |
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. | See in | structions. | | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | | X | | | | |
| Sec | tion A. Governing Body and Management | | | | | | | | | | |
| | | I. I | | - [| | Yes | No | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1 a | | / | | | | | | | |
| | 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. | | | 6 | | | | | | | |
| - | Enter the number of voting members included on line 1a, above, who are independent | 1b | | | | | | | | | |
| 2 | | | | | | | | | | | |
| • | officer, director, trustee, or key employee? | | | ····· | 2 | | X | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | filod2 | Г | 3 4 | | x x | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 99. Did the organization become aware during the year of a significant diversion of the organization's associated as the second | | | Г | 4 5 | | X | | | | |
| 5 | | | | Γ | 5 6 | | X | | | | |
| 6 7a | Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap | | | ····· | 0 | | | | | | |
| 7 a | more members of the governing body? | | | | 7a | | х | | | | |
| h | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | | | ····· | 10 | | | | | | |
| D | | | | | 7b | | х | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the yea | | | | 70 | | | | | | |
| a | The governing body? | | - | | 8a | х | | | | | |
| a 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 | | | ····· | 00 | | | | | | |
| 5 | 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- | | Code) | ····· I | Ŭ | | | | | | |
| | | <u>venue</u> (| <u>Jouc.</u> | | | Yes | No | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | ſ | 10a | Х | | | | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such ch | | | ····· [| | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | • | | | 10b | х | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body | before | e filing the | form? | 11a | Х | | | | | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | [| | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | 12a | Х | | | | | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | | 12b | Х | | | | | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | 'es," de | scribe | | | | | | | | |
| | on Schedule O how this was done | | | | 12c | X | | | | | |
| 13 | Did the organization have a written whistleblower policy? | | | | 13 | X | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | | | | 14 | Х | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval | l by ind | ependent | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | Г | 15a | X | | | | | |
| b | Other officers or key employees of the organization | | | ····· | 15b | | X | | | | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem | nent wi | th a | | | | | | | | |
| | taxable entity during the year? | | | | 16a | | X | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | • | • | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | ization | S | | | | | | | | |
| <u> </u> | exempt status with respect to such arrangements? | | | | 16b | | | | | | |
| | List the states with which a copy of this Form 990 is required to be filed ▶MN, CO, TN, KS | | | | | | | | | | |
| 17 10 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar | 4 000 | T (agotion | 501(0)(2)0 | | | | | | | |
| 18 | for public inspection. Indicate how you made these available. Check all that apply. | iu 990- | I (Section | 501(0)(3)5 | orny) a | avallar | Je | | | | |
| | X Own website Another's website X Upon request Other (explain | | adula O | | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, col | | | olicy and | financ | ial | | | | | |
| 13 | statements available to the public during the tax year. | | interest p | oncy, and | manc | 101 | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo | ks and | records | | | | | | | | |
| 20 | JOSH TAYLOR - 612-345-0933 | | | - | | | | | | | |
| | PO BOX 240721, APPLE VALLEY, MN 55124 | | | | | | | | | | |
| 132006 | ; 12-09-21 | | | | Form | 990 | (2021) | | | | |
| | 6 | | | | | | . / | | | | |
| 605 | 11 131839 038-001237 2021.03041 HOPEKIDS | , IN | DI | | | 03 | 8-00 | | | | |

HOPEKIDS, 2021.03

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| Form 990 (2021) HOPEKIDS, INC | 86-1042378 | Page 7 |
|--|--------------------------------------|---------------|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest | Compensated | |
| Employees, and Independent Contractors | | |
| Check if Schedule O contains a response or note to any line in this Part VII | | |
| Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | |
| 1a Complete this table for all persons required to be listed. Report compensation for the calendar year end | ling with or within the organizatio | n's tax year. |
| • List all of the organization's current officers, directors, trustees (whether individuals or organizations) Enter -0- in columns (D), (E), and (F) if no compensation was paid. |), regardless of amount of compe | nsation. |
| • List all of the organization's current key employees, if any. See the instructions for definition of "key e | employee." | |
| List the organization's five current highest compensated employees (other than an officer, director, truable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from | | |
| List all of the organization's former officers, key employees, and highest compensated employees we reportable compensation from the organization and any related organizations. | ho received more than \$100,000 | of |
| List all of the organization's former directors or trustees that received, in the capacity as a former d more than \$10,000 of reportable compensation from the organization and any related organizations. | lirector or trustee of the organizat | tion, |
| 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 | (-1- | Position | | Reportable | Reportable | Estimated | | | |
| | hours per | box | do not check more than one ox, unless person is both an | | | s both | n an | compensation | compensation | amount of |
| | week | officer and | | nd a d | d a director/trustee) | | | from | from related | other |
| | (list any | ector | | | | | | the | organizations | compensation |
| | hours for | or dire | | | | ted | | organization | (W-2/1099-MISC/ | from the |
| | related | stee c | ruste | | | ensa | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | al tru: | onal t | | loyee | eomp | | 1099-NEC) | | and related |
| | below | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) JOSH TAYLOR | line) 40.00 | lno | <u> </u> | 15 | Ke | E 표 | Foi | | | |
| PRESIDENT | 40.00 | х | | x | | | | 150 126 | 0. | 20 654 |
| | 1.00 | л | | ^ | | <u> </u> | | 152,136. | υ. | 29,654. |
| (2) STEVEN WHITEMAN | 1.00 | | | | | | | | | |
| CHAIRMAN | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (3) ANGELIQUE LEHMANN WADDELL | 1.00 | | | | | | | | | |
| SECRETARY | | X | | X | | <u> </u> | | 0. | 0. | 0. |
| (4) JOE BIRKHOLZ | 1.00 | | | | | | | | | |
| TREASURER | | х | | X | | | | 0. | 0. | 0. |
| (5) JOHN JACOBS | 1.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (6) DAVID CHAPMAN | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (7) LUPE NESBITT | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | ٥. | ٥. | 0. |
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| 132007 12-09-21 | | | | | | | | | | Form 990 (2021) |

Form **990** (2021)

| Form 990 (2021) HOPEKIDS, IN | C | | | | | | | | 86-10 | 4237 | 8 | P | age 8 |
|---|--|--------------------------------|------------------------|-----------------------|--|---------------------------------|-------------|---|--|-----------|-----------------|---|----------------|
| Part VII Section A. Officers, Directors, Trus | stees, Key Em | oloy | ees, | and | d Hig | ghes | st C | ompensated Employee | s (continued) | | | | |
| (A) Name and title | (B) Average hours per week | (do box | not c | Pos heck ss per | C) itior ^{more} rson i | | one n an | (D) Reportable compensation from | (E) Reportable compensatio from related | on | | (F) stimate nount other | |
| | (list any hours for related organizations below line) | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizatior (W-2/1099-MI 1099-NEC) | is SC/ | fi org an | pensa rom th anizat d relat anizati | e ion ed |
| | | - | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | - | | | | | | | | | | | |
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| | | | - | | | - | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | $\left \right $ | | | | | | | |
| 1b Subtotal | | | | | | | | 152,136. | | 0. | | 29, | 654. |
| c Total from continuation sheets to Part V d Total (add lines 1b and 1c) | | | | | | | | 0. 152,136. | | 0. 0. | | 29, | 0. 654. |
| 2 Total number of individuals (including but r compensation from the organization | not limited to th | ose | liste | ed ab | ove |) wh | o re | eceived more than \$100, | 000 of reportable | e | | | 1 |
| 3 Did the organization list any former officer | | | - | • | - | | Ŭ | | | | | Yes | No |
| line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> For any individual listed on line 1a, is the si | um of reportabl | e co | mpe | ensa | tion | and | oth | ner compensation from t | he organization | | 3 | v | X |
| and related organizations greater than \$15 5 Did any person listed on line 1a receive or | accrue comper | nsati | on fi | rom | any | unre | elate | ed organization or individ | dual for services | | 4 | X | v |
| rendered to the organization? <i>If</i> "Yes," con Section B. Independent Contractors | nplete Schedule | e J f | or si | ich i | bers | on . | | | | | 5 | | Х |
| 1 Complete this table for your five highest co the organization. Report compensation for | • | • | | | | | | | | pensa | tion fro | om | |
| (A) Name and business | | NO | | <u>ig w</u> | | | | (B) Description of s | | C |) compe | C) nsatio | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractors (\$100,000 of compensation from the organi | • | ot lir | niteo | d to | | se lis 0 | ted | above) who received mo | ore than | | | 000 | |
| | | | | | | | | | | | Form | 990 (; | 2021) |

| | | | <u> </u> | KIDS, IN | IC | | | | 86-104237 | 8 Page 9 |
|---|------|------|---|-------------|------------|---------------------|------------------------------|--|-----------|---|
| Pa | rt V | /111 | Statement of Re | venue | | | | | | |
| | | | Check if Schedule O o | contains a | response o | or note to any line | (| (B) | (C) | |
| | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | | (D) Revenue excluded from tax under sections 512 - 514 |
| S S | 1 | а | Federated campaigns | | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | - | b | | | 1b | | | | | |
| ې ق | | с | Fundraising events | | 1c | 419,054. | | | | |
| ar A | | | – | | 1d | | | | | |
| s, G | | е | Government grants (contr | ibutions) | 1e | 288,609. | | | | |
| rion | | f | All other contributions, gifts, | grants, and | | | | | | |
| ibut the | | | similar amounts not included | above | 1f | 4,143,589. | | | | |
| ontr of O | | g | Noncash contributions included in | | 1g \$ | 1,685,273. | | | | |
| <u>0</u> 6 | | h | Total. Add lines 1a-1f | | | | 4,851,252. | | | |
| | | | | | | Business Code | | | | |
| ce | 2 | а | | | | | | | | |
| Program Service Revenue | | b | | | | | | | | |
| n S | | С | | | | | | | | |
| Bev | | d | | | | | | | | |
| roç | | e | | | | | | | | |
| | | T | All other program service | | | | | | | |
| | 3 | g | Total. Add lines 2a-2f Investment income (includ | | | | | | | |
| | 3 | | other similar amounts) | • | | | 22,251. | | | 22,251. |
| | 4 | | Income from investment of | | | | , | | | , |
| | 5 | | Royalties | | | · · · | | | | |
| | Ŭ | | | |) Real | (ii) Personal | | | | |
| | 6 | а | Gross rents | 6a | , | | | | | |
| | _ | b | Less: rental expenses | 6b | | | | | | |
| | | с | Rental income or (loss) | 6c | | | | | | |
| | | d | Net rental income or (loss) |) | | ► | | | | |
| | 7 | а | Gross amount from sales of | (i) S | ecurities | (ii) Other | | | | |
| | | | assets other than inventory | 7a 2 | 200,000. | | | | | |
| | | b | Less: cost or other basis | | | | | | | |
| anı | | | and sales expenses | | 201,822. | | | | | |
| evenue | | | Gain or (loss) | | -1,822. | | | | | |
| . Be | | | Net gain or (loss) | | | ····· 🕨 | -1,822. | | | -1,822. |
| Other R | 8 | а | Gross income from fundraisir including \$ | • | | | | | | |
| | | | contributions reported on | | | | | | | |
| | | - | Part IV, line 18 | | | | | | | |
| | | | Less: direct expenses | | | | 107 064 | | | 107.064 |
| | | | Net income or (loss) from | | | ····· ► | 107,064. | | | 107,064. |
| | 9 | а | Gross income from gamin | | | | | | | |
| | | h | Part IV, line 19 Less: direct expenses | | | | | | | |
| | | | Net income or (loss) from | | | | | | | |
| | 10 | | Gross sales of inventory, I | | | | | | | |
| | | - | and allowances | | | 14,104. | | | | |
| | | b | Less: cost of goods sold | | | , | | | | |
| | | | Net income or (loss) from | | ····· | | 9,014. | 9,014. | | |
| | | | | | | Business Code | | | | |
| Miscellaneous Revenue | 11 | а | MISCELLANEOUS REVEN | UE | | 900099 | 3,690. | | | 3,690. |
| ane | | b | | | | | | | | |
| scellaneo Revenue | | с | | | | | | | | |
| Alisc | | d | All other revenue | | | | | | | |
| | | е | Total. Add lines 11a-11d | | | ► | 3,690. | | | |
| | 12 | | Total revenue. See instruction | ons | | ► | 4,991,449. | 9,014. | 0. | 131,183. |
| 13200 | 9 12 | -09- | 21 | | | | _ | | | Form 990 (2021) |

9 2021.03041 HOPEKIDS, INC

| | Check if Schedule O contains a response | | | | |
|----|--|------------------------------|---|--|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 181,790. | 90,895. | 63,627. | 27,268. |
| 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 | 1,048,397. | 770,256. | 40,688. | 237,453. |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 34,287. | 25,418. | 1,029. | 7,840. |
| 9 | Other employee benefits | 150,508. | 110,933. | 5,371. | 34,204. |
| 10 | Payroll taxes | 91,261. | 64,335. | 7,141. | 19,785. |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| с | Accounting | 8,938. | | 8,938. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 2,788. | | 2,788. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A), amount, list line 11g expenses on Sch 0.) | 70,979. | | 70,979. | |
| 12 | Advertising and promotion | 1,775. | | 1,775. | |
| 13 | Office expenses | 52,430. | 32,107. | 11,236. | 9,087. |
| 14 | Information technology | 42,017. | 31,013. | 5,502. | 5,502. |
| 15 | Royalties | | | | |
| 16 | Occupancy | 14,275. | 10,372. | 967. | 2,936. |
| 17 | Travel | 20,369. | 11,453. | 1,068. | 7,848. |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 5,577. | 4,052. | 378. | 1,147. |
| 23 | Insurance | 26,671. | 19,062. | 1,961. | 5,648. |
| 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 | HOPEDAY & HOPECOMMUNITY | 2,263,591. | 2,263,591. | | |
| b | MISCELLANEOUS | 98,266. | 19,193. | 41,828. | 37,245. |
| с | | | | | |
| d | | | | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 4,113,919. | 3,452,680. | 265,276. | 395,963. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here Figure if following SOP 98-2 (ASC 958-720) | | | | |
| | | | | | |

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Form 990 (2021)

Form 990 (2021)

HOPEKIDS, INC 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)

HOPEKIDS, INC

86-1042378 Page **11**

| | | | | (A) Reginning of year | | (B) |
|----------------------------------|---|-------------------|--------------|--------------------------|-----|-------------|
| | | | | Beginning of year | | End of year |
| 1 | Cash - non-interest-bearing | | | 1,393,265. | 1 | 2,119,950 |
| 2 | Savings and temporary cash investments | | | 882,492. | 2 | 1,011,767 |
| 3 | Pledges and grants receivable, net | | | 39,789. | 3 | 38,304 |
| 4 | Accounts receivable, net | | | | 4 | |
| 5 | Loans and other receivables from any current of | | | | | |
| | trustee, key employee, creator or founder, subs | | utor, or 35% | | | |
| | controlled entity or family member of any of the | | 5 | | | |
| 6 | Loans and other receivables from other disqua | | | | | |
| | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | | | 6 | |
| 7 | Notes and loans receivable, net | | | | 7 | |
| 8 | Inventories for sale or use | | ······ | | 8 | |
| 9 | | | ····· | 8,647. | 9 | 143,530 |
| 10a | a Land, buildings, and equipment: cost or other | | | | | |
| | basis. Complete Part VI of Schedule D | | 137,326. | 1 | | |
| k | Less: accumulated depreciation | | 126,259. | 15,096. | 10c | 11,06 |
| 11 | Investments - publicly traded securities | | | 780,581. | 11 | 650,282 |
| 12 | Investments - other securities. See Part IV, line | | | 12 | | |
| 13 | Investments - program-related. See Part IV, line | | | | 13 | |
| 14 | Intangible assets | | | | 14 | |
| 15 | Other assets. See Part IV, line 11 | | | 10,000. | 15 | 10,00 |
| 16 | Total assets. Add lines 1 through 15 (must equ | | | 3,129,870. | 16 | 3,984,90 |
| 17 | Accounts payable and accrued expenses | | | 24,259. | 17 | 20,67 |
| 18 | Grants payable | Grants payable | | | | |
| 19 | Deferred revenue | Deferred revenue | | | 19 | |
| 20 | Tax-exempt bond liabilities | | | | 20 | |
| 21 | Escrow or custodial account liability. Complete | Part IV of Sch | edule D | | 21 | |
| 22 | Loans and other payables to any current or for | mer officer, dire | ector, | | | |
| | trustee, key employee, creator or founder, subs | stantial contrib | utor, or 35% | | | |
| | controlled entity or family member of any of the | se persons | | | 22 | |
| 23 | Secured mortgages and notes payable to unre | ated third part | ies | | 23 | |
| 24 | Unsecured notes and loans payable to unrelate | ed third parties | | | 24 | |
| 25 | Other liabilities (including federal income tax, p | ayables to rela | ted third | | | |
| | parties, and other liabilities not included on line | s 17-24). Com | olete Part X | | | |
| | of Schedule D | | | | 25 | |
| 26 | Total liabilities. Add lines 17 through 25 | | | 24,259. | 26 | 20,67 |
| | Organizations that follow FASB ASC 958, ch | eck here 🕨 | X | | | |
| | and complete lines 27, 28, 32, and 33. | | | | | |
| 27 | Net assets without donor restrictions | | | 2,746,540. | 27 | 3,599,21 |
| 28 | Net assets with donor restrictions | | | 359,071. | 28 | 365,008 |
| | Organizations that do not follow FASB ASC | 958, check he | re 🕨 🗌 📗 | | | |
| | and complete lines 29 through 33. | | | | | |
| 29 | Capital stock or trust principal, or current funds | s | | | 29 | |
| 30 | Paid-in or capital surplus, or land, building, or e | | | | 30 | |
| 31 | Retained earnings, endowment, accumulated in | | | | 31 | |
| 27 28 29 30 31 32 | Total net assets or fund balances | | | 3,105,611. | 32 | 3,964,22 |
| 33 | | | | 3,129,870. | 33 | 3,984,90 |

Form **990** (2021)

132011 12-09-21

| Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 1 4, 991, 449. 2 Total expenses (must equal Part X, column (A), line 25) 2 4, 113, 919. 3 Bevenue less expenses. Subtract line 2 from line 1 3 877, 530. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 3, 105, 611. 5 18, 917. 6 18, 917. 6 6 77 - 8 - 7 - 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)) 3, 964, 224. Part XII Financial Statements and Reporting X X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a | Form | 1990 (2021) HOPEKIDS, INC | 86-1042378 | ; | Pad | _{ge} 12 |
|--|------|--|------------|---------|------|------------------|
| 1 Total revenue (must equal Part VIII, column (A), line 12) 1 4,991,449. 2 Total expenses (must equal Part IX, column (A), line 25) 2 4,113,919. 3 Revenue less expenses. Subtract line 2 from line 1 3 877,530. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 3,105,611. 5 0.18,917. 6 7 8 7 8 Prior period adjustments 6 7 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)) 3, 964, 224. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash S Accrual Other 2a <th>Pa</th> <th>rt XI Reconciliation of Net Assets</th> <th></th> <th></th> <th></th> <th><i>.</i></th> | Pa | rt XI Reconciliation of Net Assets | | | | <i>.</i> |
| 2 Total expenses (must equal Part IX, column (A), line 25) 2 4, 113, 919. 3 Revenue less expenses. Subtract line 2 from line 1 3 877, 530. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 3, 105, 611. 5 -18, 917. 5 -18, 917. 6 6 6 7 6 6 7 8 7 8 9 9 0. 9 0. 9 0. 10 3, 964, 224. 8 9 9 0. 3 10 3, 964, 224. 9 0. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 fit he organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 fit we organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0. 2a X 2 | | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 2 Total expenses (must equal Part IX, column (A), line 25) 2 4, 113, 919. 3 Revenue less expenses. Subtract line 2 from line 1 3 877, 530. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 3, 105, 611. 5 -18, 917. 6 -18, 917. 6 | | | | | | |
| 3 Revenue less expenses. Subtract line 2 from line 1 3 877,530. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 3,105,611. 5 Net unrealized gains (losses) on investments 5 -18,917. 6 7 6 7 7 6 8 9 0. 9 0. 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 10 3,964,224. Part XII Financial Statements and Reporting X X 1 Accounting method used to prepare the Form 990: Cash <x accrual<="" td=""> Other </x> | 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4, | 991, | 449. |
| 3 Revenue less expenses. Subtract line 2 from line 1 3 877,530. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 3,105,611. 5 -18,917. 5 -18,917. 6 - 7 - 7 - 8 - 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 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) 3,964,224. Part XII Financial Statements and Reporting X X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other | 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4, | 113, | 919. |
| 5 Net unrealized gains (losses) on investments 5 -18,917. 6 Investment expenses 7 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 3,964,224. Part XII Financial Statements and Reporting X X Yes Check if Schedule O contains a response or note to any line in this Part XII X X Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Za X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Zb X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | 3 | | 3 | | 877, | 530. |
| 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 3,964,224. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 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 O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. consolidated basis, or both: Separate basis. Consolidated basis Both consolidated and separate basis. 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | З, | 105, | 611. |
| 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting 10 Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash 1 Accounting method used to prepare the Form 990: Cash 2 Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2 Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Separate basis Consolidated basis Image: Separate basis Consolidated basis < | 5 | Net unrealized gains (losses) on investments | 5 | | -18, | 917. |
| 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting 10 Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash 1 Accounting method used to prepare the Form 990: Cash 2 Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2 Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Separate basis Consolidated basis Image: Separate basis Consolidated basis < | 6 | Donated services and use of facilities | 6 | | | |
| 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash 1 Accounting method used to prepare the Form 990: Cash 1 Accounting method used to prepare the Form 990: Cash 1 Accounting infancial statements compiled or reviewed by an independent accountant? 1 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2 Separate basis 1 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 1 Separate basis 1 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 1 X separate basis 1 If "Yes," to line 2 or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 1 If "Yes," to line 2 or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection | 7 | | 7 | | | |
| 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 3,964,224. 11 10 3,964,224. 10 3,964,224. 12 Check if Schedule O contains a response or note to any line in this Part XII X X 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 O. 2a X 16 Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X 16 Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X 17 Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis — Consolidated basis — Both consolidated and separate basis, consolidated basis, or both: 2b X 18 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis — Consolidated basis — Both consolidated and separate basis 2b X 18 "Yes," toline 2a or 2b, does the organization have a c | 8 | | 8 | | | |
| column (B) 10 3,964,224. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 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 O. 2a X 2a X X I I Yes No 2a X I | 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
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| Check if Schedule O contains a response or note to any line in this Part XII 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 O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis Both consolidated and separate basis consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Bot | | column (B)) | 10 | З, | 964, | 224. |
| I 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 O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization chang | Pa | rt XII Financial Statements and Reporting | | | | |
| 1 Accounting method used to prepare the Form 990: Cash X Accrual Other | | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | X |
| If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis D Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis D Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis D Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | | _ | | Yes | No |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate basis Both consolidated and separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a X 3a X | 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Consolidated basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? Image: Consolidated basis, or both: Image: Consolidated basis, or both: | | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | O. | | | |
| separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Both consolidated and separate basis consolidated | 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis C If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Image: Consolidated basis | | separate basis, consolidated basis, or both: | | | | |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit If a a a x 3a X X | | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| consolidated basis, or both: X X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Comparize the second selection or audits as set forth in the Single Audit Act and OMB Circular A-133? X | b | Were the organization's financial statements audited by an independent accountant? | | 2b | х | |
| X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis | | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2a X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X | | consolidated basis, or both: | | | | |
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| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a X Act and OMB Circular A-133? 3a X | | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | <u> </u> |
| Act and OMB Circular A-133? | | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | dule O. | | | |
| | 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing | gle Audit | | | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit | | Act and OMB Circular A-133? | | 3a | | X |
| | b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require | ed audit | | | |
| or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | | |

Form **990** (2021)

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.

| ĺ | OMB No. 1545-0047 |
|---|------------------------------|
| | 2021 |
| | Open to Public Inspection |

| Nam | e of t | he organization | 5 | | | | | Employer | identification number |
|------|--|--|--------------------------|--|------------------------|--------------------|-----------------|---------------|----------------------------|
| | | | DS, INC | | | | | | 86-1042378 |
| Pa | rtl | Reason for Public (| Charity Status. | All organizations must c | omplete tr | nis part.) S | ee instruction | S. | |
| The | organ | ization is not a private found | ation because it is: (F | For lines 1 through 12, cl | heck only o | one box.) | | | |
| 1 | | A church, convention of ch | urches, or associatio | n of churches described | in sectio | n 170(b)(1 |)(A)(i). | | |
| 2 | | A school described in sect | ion 170(b)(1)(A)(ii). (/ | Attach Schedule E (Form | n 990).) | | | | |
| 3 | | A hospital or a cooperative | hospital service orga | nization described in se | ection 170 | (b)(1)(A)(ii | i). | | |
| 4 | | A medical research organization | ation operated in cor | junction 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 | or operate | ed by a go | vernmental u | nit describe | ed in |
| | | section 170(b)(1)(A)(iv). (C | | | | | | | |
| 6 | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | |
| 7 | X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in | | | | | | | | |
| | section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | |
| 8 | A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | |
| 9 | An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college | | | | | | | | |
| | or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or | | | | | | | | |
| 10 | university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from | | | | | | | | |
| 10 | activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment | | | | | | | | |
| | | | | - | | | | | - |
| | | income and unrelated busin | | (less section 511 tax) no | in pusities | ses acquir | | janization a | itel Julie 30, 1975. |
| 44 | | See section 509(a)(2). (Con | | valu to toot for public oot | intu Can | nantian EC | O(a)(4) | | |
| 11 | | An organization organized a | • | | • | | | way out the | numpered of one or |
| 12 | | An organization organized a | - | - | | | | • | |
| | | more publicly supported or | - | | | | | | FRECK THE DOX ON |
| _ | | lines 12a through 12d that | ••• | | | | | - | niu in a |
| а | | Type I. A supporting orga | - | - | • • • • | - | | | |
| | | the supported organization | | | majonty o | i the direc | lors or truste | es or the st | ipporting |
| | | organization. You must o | - | | | | | - (-) | · |
| b | | Type II. A supporting org | - | | | | - | | - |
| | | control or management o | | | ame perso | ns that cor | ntroi or manag | ge the supp | orted |
| _ | _ | organization(s). You mus | | | | | | | -1 <u>1</u> 14- |
| С | | J Type III functionally inte | | | | | | ly integrate | a with, |
| | _ | its supported organization | .,. , | • | | | - | | |
| d | | J Type III non-functionally | • • | | | | | · · | . , |
| | | that is not functionally int | 0 | • • | | | | an attentiv | reness |
| | | requirement (see instructi | | | | | | | |
| e | | Check this box if the orga | | | | | Type I, Type | II, Type III | |
| | | functionally integrated, or | | hally integrated supporting | ng organiz | ation. | | | |
| f | | er the number of supported o | • | | | | | | |
| g | | vide the following information i) Name of supported | (ii) EIN | d organization(s). (iii) Type of organization | (iv) Is the orga | inization listed | (v) Amount of | fmonetary | (vi) Amount of other |
| | , | organization | (, | (described on lines 1-10 | in your governi Yes | ng document? No | support (see in | - | support (see instructions) |
| | | - | | above (see instructions)) | 163 | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| Tota | 1 | | | | | | | | |

| Schedule A | (Form | 990 |) 2021 |
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| | | | |

Part II

HOPEKIDS, INC

86-1042378

Page **2**

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

Section A. Public Support Calendar year (or fiscal year beginning in) 🕨 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 4,099,309. 3,822,945 5,319,044 3,634,294 4,852,211 21,727,803. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4,099,309, 3,822,945, 5,319,044 3,634,294, 4,852,211, 21,727,803. 4 Total. Add lines 1 through 3 The portion of total contributions 5 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) 454,144. 21,273,659. 6 Public support. Subtract line 5 from line 4 Section B. Total Support <u>(e) 2</u>021 (c) 2019 Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (d) 2020 (f) Total 21,727,803. 4,099,309. 3,822,945. 5,319,044, 3,634,294. 4,852,211. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 25,579 7,136. 27,021 23,342. 22,251. 105,329. and income from similar sources 9 Net income from unrelated business activities, whether or not the 35,372 138,160 79,540 69,845, 106,105, 429,022. business is regularly carried on **10** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 29,038 52,708 5,077 25,457 3,690. 115,970. 22,378,124. **11 Total support.** Add lines 7 through 10 87,961. **12** Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► Section C. Computation of Public Support Percentage 95.06 14 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) % 15 Public support percentage from 2020 Schedule A, Part II, line 14 94.85 15 % 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► X b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2021

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

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

| Section A. Public Support | | | | - | | |
|--|----------------------------|----------------------|----------------------|--------------------|-----------------|------------------------|
| Calendar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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 | | - | - | 1 | - | |
| Calendar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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.) | L | | | | | |
| 14 First 5 years. If the Form 990 is for th | e organization's f | irst, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) organ | ization, |
| check this box and stop here | | | | | | |
| Section C. Computation of Publi | c Support Pe | rcentage | | | | |
| 15 Public support percentage for 2021 (I | ine 8, column (f), d | divided by line 13, | column (f)) | | 15 | % |
| 16 Public support percentage from 2020 | | | | | 16 | % |
| Section D. Computation of Inves | tment Incom | e Percentage | | | | |
| 17 Investment income percentage for 20 |)21 (line 10c, colu | mn (f), divided by | ine 13, column (f)) | | 17 | % |
| 18 Investment income percentage from 2 | | | | | 18 | % |
| 19a 33 1/3% support tests - 2021. If the | organization did | not check the box | on line 14, and lin | e 15 is more than | 33 1/3%, and li | ne 17 is not |
| more than 33 1/3%, check this box ar | - | • | | •••• | | ▶□ |
| b 33 1/3% support tests - 2020. If the | | | | | | |
| line 18 is not more than 33 1/3%, che | ck this box and s | top here. The orga | anization qualifies | as a publicly supp | orted organiza | tion ► |
| 20 Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b, check t | his box and see in | structions | |
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15 2021.03041 HOPEKIDS, INC

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 disgualified 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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| Sche | dule A (Form 990) 2021 HOPEKIDS, INC | 86-1042378 | Pa | age 5 |
|--------|---|----------------------|--------------|--------------|
| Par | t IV Supporting Organizations (continued) | | | |
| _ | | | 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 | | |
| 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 o | ne or | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of | ficers, | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | a start | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | • |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | • |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described 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 | | | |
| | supported organizations played in this regard. | 3 | | |
| Sect | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst | ructions). | | |
| а | 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. | | | |
| с | The organization supported a governmental entity. Describe in Part VI how you supported a governmental ent | ity (see instructior | 1 <u>s).</u> | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | 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. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |
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| chedule A (Form 990) 2021 HOPEKIDS, INC Part V Type III Non-Functionally Integrated 509(a)(3) Support | ng Organi | zations | 86-1042378 Pa |
|--|---------------|-----------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualify | <u> </u> | | Part VI). See instructio |
| All other Type III non-functionally integrated supporting organizations mu | st complete S | Sections A through E. | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | | | |
| collection of gross income or for management, conservation, or | | | |
| maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors | | | |
| (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 0.035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | _ |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 Enter 0.85 of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |

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instructions).

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|------|---|-------------------------------|---------------------------------------|------|-----------------------------------|--------|
| Pa | t V Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations (continu | led) | | |
| Sect | ion D - Distributions | | | | Current Y | ear |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | 1 | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | | |
| | organizations, in excess of income from activity | | | 2 | | |
| _3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | 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 2021 from Section C, line 6 | | | 9 | | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2021 | าร | (iii) Distributa Amount for | |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | | |
| a | From 2016 | | | | | |
| b | From 2017 | | | | | |
| C | From 2018 | | | | | |
| d | From 2019 | | | | | |
| e | From 2020 | | | | | |
| f | Total of lines 3a through 3e | | | | | |
| g | Applied to underdistributions of prior years | | | | | |
| h | Applied to 2021 distributable amount | | | | | |
| i | Carryover from 2016 not applied (see instructions) | | | | | |
| j_ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | |
| 4 | Distributions for 2021 from Section D, | | | | | |
| | line 7: \$ | | | | | |
| a | Applied to underdistributions of prior years | | | | | |
| b | Applied to 2021 distributable amount | | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | | |
| 5 | Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | |
| | Part VI. See instructions. | | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j and 4c. | | | | | |
| 8 | Breakdown of line 7: | | | | | |
| | Excess from 2017 | | | | | |
| | Excess from 2018 | | | | | |
| | Excess from 2019 | | | | | |
| | Excess from 2020 | | | | | |
| | Excess from 2021 | | | | | |
| | | | | | | |

Schedule A (Form 990) 2021

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| Schedule A (Form 990) 2021 HOPEKIDS, INC | 86-1042378 | Page 8 |
|--|---|--------|
| Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a o Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additio (See instructions.) | l and 2; Part IV, Sectio /, Section B, line 1e; Pa | |
| SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: | | |
| GAMING | | |
| 2017 AMOUNT: \$ 29,038. | | |
| 2018 AMOUNT: \$ 52,708. | | |
| 2020 AMOUNT: \$ 16,136. | | |
| OTHER INCOME | | |
| 2019 AMOUNT: \$ 5,077. | | |
| 2020 AMOUNT: \$ 9,321. | | |
| 2021 AMOUNT: \$ 3,690. | | |
| | | |
| | | |
| | | |
| SCH A, PART II, SECTION B, LINE 9 AND 10: | | |
| THE NET INCOME FROM THE ORGANIZATION'S FUNDRAISING ACTIVITIES ARE | | |
| REPORTED ON LINE 9 IN ACCORDANCE WITH THE IRS SCHEDULE A INSTRUCTIONS | | |
| EVEN THOUGH THESE ACTIVITIES ARE NOT CONSIDERED REGULARILY CARRIED ON | | |
| PURSUANT TO IRC SECS. 512 AND 513. SINCE THEY ARE NOT REGULARILY | | |
| CARRIED ON, THEY ARE NOT SUBJECT TO THE UNRELATED BUSINESS INCOME TAX. | | |
| SINCE THE ORGANIZATION'S GAMING ACTIVITIES ARE CONDUCTED BY VOLUNTEERS | | |
| AND, THEREFORE, ARE EXCLUDED FROM THE DEFINITION OF AN UNRELATED | | |
| BUSINESS ACTIVITY UNDER IRC SEC. 513, THE NET INCOME IS NOT REPORTABLE | | |
| ON LINE 9 AND THE GROSS INCOME FROM THE GAMING ACTIVITIES IS REPORTED | | |
| ON LINE 10 IN ACCORDANCE WITH THE IRS SCHEDULE A INSTRUCTIONS. | | |
| | | |

132028 01-04-22

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

| Department of the Treasury Internal Revenue Service | | |
|---|---|---|
| Name of the organization | | Employer identification number |
| НО | PEKIDS, INC | 86-1042378 |
| Organization type (check of | nne): | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | X 501(c)(³) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |
| , 0 | s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule | e. See instructions. |
| General Rule | | |
| | n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's | |
| Special Rules | | |
| sections 509(a)(1) contributor, during | n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support t and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) F , line 1. Complete Parts I and II. | d that received from any one |
| contributor, during literary, or educati | n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a y the year, total contributions of more than \$1,000 exclusively for religious, charitable, sci onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (er o) instead of the contributor name and address), II, and III. | entific, |
| year, contributions is checked, enter l purpose. Don't co | n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled mo here the total contributions that were received during the year for an <i>exclusively</i> religious mplete any of the parts unless the General Rule applies to this organization because it r e, etc., contributions totaling \$5,000 or more during the year | ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i> |
| answer "No" on Part IV, line | nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990). | |
| | on Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. | Schedule B (Form 990) (2021) |

Schedule B

(Form 990)

| | (Form 990) (2021) | 1 | Page 2 |
|-------------|---|----------------------------|--|
| Name of org | ganization | Emp | loyer identification number |
| HOPEKIDS | INC | | 86-1042378 |
| Part I | Contributors (see instructions). Use duplicate copies of Part I if ac | ditional space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$315,066. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$239,125. | Person X Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$100,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$100,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$288,609. | Person X Payroll Image: Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2021)

123452 11-11-21

23 37 2021.03043

| | (Form 990) (2021) | | | Page 3 |
|------------------------------|--|---|--------|------------------------------|
| Name of org | ganization | | Employ | er identification number |
| HOPEKIDS, | INC | | 86 | -1042378 |
| Part II | Noncash Property (see instructions). Use duplicate copies of Par | t II if additional space is need | ed. | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estima (See instruction | | (d) Date received |
| 1 | TRAVEL AND LODGING | | | |
| | | \$31 | 5,066. | 08/29/21 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estima (See instruction | | (d) Date received |
| 2 | HOPEDAY AND HOPE COMMUNITY PROGRAM - EVENTS | | | |
| | | \$15: | 3,125. | 12/31/21 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estima (See instruction | | (d) Date received |
| | | \$ | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estima (See instructior | | (d) Date received |
| | | \$ | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estima (See instruction | | (d) Date received |
| | | \$ | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estima (See instruction | | (d) Date received |
| | | | | |
| 123453 11-11-2 | | \$ | | Schedule B (Form 990) (2021) |

16360511 131839 038-001237

| lame of or | ganization | | | Employer identification number | | | |
|---------------------------|--|--|----------------------|--|--|--|--|
| OPEKIDS | INC | | | 86-1042378 | | | |
| Part III | Exclusively religious, charitable, etc., contributor | (a) through (e) and the following line charitable, etc., contributions of \$1,000 | ntry For organizatio | s), or (10) that total more than \$1,000 for the yea | | | |
| (a) No. | | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift (d) D | | (d) Description of how gift is held | | | |
| - | | (e) Transfer of g | ift | | | | |
| - | Transferee's name, address, a | and ZIP + 4 | Relations | hip of transferor to transferee | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | |
| Part I | | | | | | | |
| - | | (e) Transfer of g | | | | | |
| - | Transferee's name, address, a | and ZIP + 4 | Relations | hip of transferor to transferee | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | |
| | | (e) Transfer of g | ift | | | | |
| | Transferee's name, address, a | and ZIP + 4 | Relations | hip of transferor to transferee | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | |
| | | | | | | | |
| ŀ | (e) Transfer of gift | | | | | | |
| - | Transferee's name, address, a | and ZIP + 4 | Relations | hip of transferor to transferee | | | |
| | | | | | | | |
| 123454 11-11- | 21 | | | Schedule B (Form 990) (202 | | | |

25 2021.03041 HOPEKIDS, INC

Department of the Treasury Internal Revenue Service Name of the organization

Part I

1

2

3 4

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Part II Conservation



No

No

'ear

No

No

ber

| HEDULE D | Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, | | омв №. 1545-00 2П21 | | |
|---|---|---------------|---|--|--|
| Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | |
| e of the organizati | DN HOPEKIDS, INC | Emp | ployer identification nun 86-1042378 | | |
| | ntions Maintaining Donor Advised Funds or Other Similar Funds or Ac n answered "Yes" on Form 990, Part IV, line 6. | cour | | | |
| | (a) Donor advised funds | b) Fun | nds and other accounts | | |
| Total number at er | nd of year | | | | |
| | f contributions to (during year) | | | | |
| | f grants from (during year) | | | | |
| | t end of year | | | | |
| | n inform all donors and donor advisors in writing that the assets held in donor advised fund | s | | | |
| are the organizatio | n's property, subject to the organization's exclusive legal control? | | Yes | | |
| | n inform all grantees, donors, and donor advisors in writing that grant funds can be used or | | | | |
| for charitable purp | oses and not for the benefit of the donor or donor advisor, or for any other purpose conferri | ng | | | |
| impermissible priv | ate benefit? | | Yes | | |
| t II Conserv | ation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, | line 7. | | | |
| Purpose(s) of cons | ervation easements held by the organization (check all that apply). | | | | |
| Preservation | of land for public use (for example, recreation or education) | rically | important land area | | |
| Protection o | f natural habitat Preservation of a certil | ied his | storic structure | | |
| Preservation | of open space | | | | |
| Complete lines 2a day of the tax year | through 2d if the organization held a qualified conservation contribution in the form of a cor | iserva | tion easement on the last Held at the End of the Tax | | |
| Total number of co | onservation easements | 2a | | | |
| Total acreage rest | icted by conservation easements | 2b | | | |
| Number of conser | vation easements on a certified historic structure included in (a) | 2c | | | |
| Number of conser | vation easements included in (c) acquired after 7/25/06, and not on a historic structure | | | | |
| listed in the Nation | al Register | 2d | | | |
| | vation easements modified, transferred, released, extinguished, or terminated by the organiz | zation | during the tax | | |
| year 🕨 | | | | | |
| Number of states | where property subject to conservation easement is located | | | | |
| Does the organiza | tion have a written policy regarding the periodic monitoring, inspection, handling of | | | | |
| violations, and enf | orcement of the conservation easements it holds? | | Yes | | |
| Staff and voluntee | r hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation | n ease | ements during the year | | |
| ▶ | | | | | |
| Amount of expens | es incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas | emen | ts during the year | | |
| ►\$ | | | | | |
| | | | | | |

| | organization's accounting for conservation easements. |
|---|---|
| | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and |
| | and section 170(h)(4)(B)(ii)? |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) |

| Par | t III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. |
|------------|--------|---|
| | | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. |
| 1 a | If the | organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works |

of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

| b | If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance a | sheet works of |
|---|--|--------------------|
| | art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance | of public service, |
| | provide the following amounts relating to these items: | |
| | (i) Revenue included on Form 990. Part VIII, line 1 | |

| | (I) Revenue included on Form 990, Part VIII, line I | | Ф_ | |
|---|--|-----|-----|--|
| | (ii) Assets included in Form 990, Part X | | \$ | |
| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro | vid | е | |
| | the following amounts required to be reported under FASB ASC 958 relating to these items: | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | \$_ | |
| b | Assets included in Form 990, Part X | | \$ | |

| b | Assets | included | l in | Form | 990, | Par |
|---|--------|----------|------|------|------|-----|
| | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

Schedule D (Form 990) 2021

| 16360511 | 131839 | 038-001237 |
|----------|-------------|-------------|
| TOPODIT | T 2 T 0 2 3 | 020-0017221 |

26 2021.03041 HOPEKIDS, INC

| Sche | dule D (Form 990) 2021 HOPEKIDS, I | INC | | | | | | 86-104 | 2378 | P | age 2 |
|--------|--|----------------------------|------------------|---------------------|----------------|-----------|-------------|--------------|------------------|--------|--------------|
| Par | rt III Organizations Maintaining C | ollections of Ar | t, Histor | rical Tre | asures, or | Othe | r Simila | r Assets | contii | nued) | |
| 3 | Using the organization's acquisition, accession | on, and other record | s, check a | ny of the f | ollowing that | make s | gnificant ı | use of its | | | |
| | collection items (check all that apply): | | | | | | | | | | |
| а | Public exhibition | c | 1 🗌 Lo | oan or exc | hange progra | ım | | | | | |
| b | Scholarly research | e | • 🗌 O | ther | | | | | | | |
| с | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explair | n how they | / further th | e organizatio | n's exer | npt purpo | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit of | r receive donations of | of art, histo | orical treas | sures, or othe | r similar | assets | | _ | | _ |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arrang | | ete if the c | organizatio | n answered " | Yes" on | Form 990 | , Part IV, I | ine 9, or | | |
| | reported an amount on Form 990, Par | t X, line 21. | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodia | | | | | | | _ | - | | - |
| | on Form 990, Part X? | | | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII a | and complete the fo | llowing tab | ole: | | | | | | | |
| | | | | | | | | | Amoun | t | |
| С | Beginning balance | | | | | | | | | | |
| d | Additions during the year | | | | | | | | | | |
| е | Distributions during the year | | | | | | | | | | |
| f | Ending balance | | | | | | | | | | |
| | Did the organization include an amount on Fo | | | | | | ity? | L | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. rt V Endowment Funds. Complete i | | | | | | | | | | |
| Fai | rt V Endowment Funds. Complete i | | | | | | | aara baak | (-) [| | haali |
| | | (a) Current year | (D) Pri | or year | (c) Two year | S Dack | (d) Three y | ears Dack | (e) Fou | years | DACK |
| | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| c | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | | e (line Tg, | column (a) |) neid as: | | | | | | |
| a ⊾ | Board designated or quasi-endowment | | % | | | | | | | | |
| b | Permanent endowment | % % | | | | | | | | | |
| С | Term endowment The percentages on lines 2a, 2b, and 2c show | , - | | | | | | | | | |
| 20 | Are there endowment funds not in the posses | • | tion that a | ara hald ar | d administar | od for th | | otion | | | |
| Ja | | ssion of the organiza | alion that a | are neiu ai | | | e organiza | | | Yes | No |
| | by: (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | | |
| h | If "Yes" on line 3a(ii), are the related organizations | | | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | _ 00 | | |
| | rt VI Land, Buildings, and Equipm | ŭ | witholite full | 145. | | | | | | | |
| | Complete if the organization answered | |), Part IV, I | line 11a. S | ee Form 990. | , Part X, | line 10. | | | | |
| | Description of property | (a) Cost or o | | ., | or other | • • | ccumulate | ed | (d) Boo | k valu | e |
| | | basis (investr | ment) | basis | (other) | de | preciation | | | | |
| | Land | | | | | | | | | | |
| | Buildings | | | | | | | | | | |
| | Leasehold improvements | | | | 4 | | | | | | 0.6- |
| | Equipment | | | | 47,446. | | , | 379. | | 11, | 067. |
| | Other | | | | 89,880. | | ' | 880. | | | 0. |
| Tota | I. Add lines 1a through 1e. <i>(Column (d) must</i> e | <u>qual Form 990. Part</u> | <u>X, column</u> | (<u>B), line 1</u> | 0c.) | | | | | 11, | 067. |

Schedule D (Form 990) 2021

132052 10-28-21

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| Part VII Investments - Other Securities. | | | |
|--|----------------------------|--|-----------------------|
| Complete if the organization answered "Yes" | | • | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | -of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11c. See Form 990, Part X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | -of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | • | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11d. See Form 990, Part X, line 15. | |
| (a) | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 15) | | |
| Part X Other Liabilities. | , 10.) | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25. | |
| 1. (a) Description of liability | , , | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| | | | |
| (7) | | | |
| (8) | | | |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line | 25.) | | |
| | 1/6 1 | | |

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

Schedule D (Form 990) 2021

132053 10-28-21

X

| Sche | dule D (Form 990) 2021 HOPEKIDS, INC | 86-1042378 | Page 4 |
|-------|---|----------------------|------------|
| Par | t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R | eturn. | |
| | 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 | 4,997,938. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments 2a18,917 | <u>.</u> | |
| b | Donated services and use of facilities 23,104 | <u>.</u> | |
| с | Recoveries of prior year grants 2c | | |
| d | Other (Describe in Part XIII.) 2d | | |
| е | Add lines 2a through 2d | 2e | 4,187. |
| 3 | Subtract line 2e from line 1 | 3 | 4,993,751. |
| 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 2,788 | <u>.</u> | |
| b | Other (Describe in Part XIII.) 4b5,090 | • | |
| с | Add lines 4a and 4b | 4c | -2,302. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 4,991,449. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per | Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | 1 | 4,139,325. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities 23,104 | | |
| b | Prior year adjustments 2b | | |
| с | | | |
| d | Other (Describe in Part XIII.) 2d 5,090 | • | |
| е | Add lines 2a through 2d | 2e | 28,194. |
| 3 | Subtract line 2e from line 1 | 3 | 4,111,131. |
| 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 2,788 | | |
| b | Other (Describe in Part XIII.) 4b | | |
| | Add lines 4a and 4b | 4c | 2,788. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 4,113,919. |
| Pa | rt XIII Supplemental Information. | | |
| Provi | de 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; I | 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:

THE ORGANIZATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND, THEREFORE, THERE IS NO

PROVISION FOR FEDERAL OR STATE CORPORATE INCOME TAXES. IN ADDITION, THE

ORGANIZATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE

A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE IRC.

MANAGEMENT BELIEVES THAT NO UNCERTAIN TAX POSITIONS EXIST FOR THE

ORGANIZATION AT DECEMBER 31, 2021 AND 2020.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF T-SHIRTS SOLD OFFSET AGAINST REVENUE FOR TAX

132054 10-28-21

| Schedule D (Form 990) 2021 HOPEKIDS, INC | | 86-1042378 | Page 5 |
|--|---------|------------------|-------------|
| Dart VIII Supplemental Information | | | |
| REPORTING | -5,090. | | |
| | 5,050. | | |
| | | | |
| | | | |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | | | |
| COST OF T-SHIRTS SOLD OFFSET AGAINST REVENUE FOR TAX | | | |
| | 5 000 | | |
| REPORTING | 5,090. | | |
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| | | Schedule D (Form | 990) 2021 |
| | | Schedule D (FOR | 1 330) 2021 |

132055 10-28-21

16360511 131839 038-001237

| SCHEDULE G | Suppleme | vities | OMB No. 1545-0047 | | | | | |
|--|---------------------|---|---|----------|-----------------------------------|--------|---|---|
| (Form 990) | | e organization answered "Yes" on organization entered more than \$15 | | | | r 19, | or if the | 2021 |
| Department of the Treasury | | Attach to Form 990 | | | | | | Open to Public |
| Internal Revenue Service | | to www.irs.gov/Form990 for instru | uction | s and | the latest informati | on. | | Inspection |
| Name of the organization | HOPEKIDS, I | INC | | | | | Employer id 86-10423 | entification number |
| | complete this part | Complete if the organization answe | red "Y | es" or | n Form 990, Part IV, I | ine 1 | 7. Form 990-E | Z filers are not |
| 1 Indicate whether th | e organization rais | ed funds through any of the followin | • | | , | | | |
| a Mail solicitat | email solicitations | | | - | overnment grants nment grants | | | |
| c Phone solici d In-person so | tations | g | | | | | | |
| | | or oral agreement with any individual | | | | tees, | | |
| | highest paid indiv | art VII) or entity in connection with pr viduals or entities (fundraisers) pursua organization. | | | • | ne fui | ndraiser is to b | |
| (i) Name and addres or entity (fund | | (ii) Activity | (iii) fundr have c or cor contrib | ntrol of | (iv) Gross receipts from activity | tò (| Amount paid or retained by) fundraiser sted in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | | Yes | No | - | | | |
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| | | | | ► | | | | |
| 3 List all states in whi or licensing. | ich the organizatio | n is registered or licensed to solicit c | ontrib | utions | or has been notified | it is | exempt from r | egistration |
| | | | | | | | | |
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| LHA For Paperwork R | eduction Act Noti | ice, see the Instructions for Form 9 | 90 or | 990-E | Ζ. | | Schedu | le G (Form 990) 2021 |

132081 10-21-21

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through |
|-----------------|------|---|------------------------|------------------------------|--------------------|---|
| | | | AZ GOLF TOURNAMENT | AZ GALA | 9 | col. (c) |
| a | | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | 142,612. | 138,357. | 475,043. | 756,012. |
| | 2 | Less: Contributions | 74,194. | 75,717. | 269,143. | 419,054. |
| | 3 | Gross income (line 1 minus line 2) | 68,418. | 62,640. | 205,900. | 336,958. |
| | 4 | Cash prizes | | | | |
| s | 5 | Noncash prizes | | | | |
| Delise | 6 | Rent/facility costs | | | | |
| Ulrect Expenses | 7 | Food and beverages | | | | |
| ב | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 54,630. | 21,634. | 153,630. | 229,894. |
| | 10 | Direct expense summary. Add lines 4 through | n 9 in column (d) | | ► | 229,894. |
| | 11 | Net income summary. Subtract line 10 from li | ne 3, column (d) | | | 107,064. |
| P a | rt I | II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. | answered "Yes" on Form | 1990, Part IV, line 19, or i | reported more than | |
| a | | ··-, | (a) Bingo | (b) Pull tabs/instant | (c) Other gaming | (d) Total gaming (add |

| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|--------|---|-----------------------------|--|---------------------|--|
| Reve | 1 | Gross revenue | | | | |
| Se | 2 | Cash prizes | | | | |
| zpens | 3 | Noncash prizes | | | | |
| Direct Expenses | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | └── Yes % └── No | └── Yes % │── No | └── Yes % │── No | |
| | 7 | Direct expense summary. Add lines 2 through | 15 in column (d) | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | |
| | ı Is t | ter the state(s) in which the organization condu the organization licensed to conduct gaming ac No," explain: | tivities in each of these s | states? | | Yes No |
| | | | | | | |
| | | ere any of the organization's gaming licenses re Yes," explain: | | | | Yes No |
| | _ | | | | 0.1 | |
| 1320 | 82 10 |)-21-21 | | | Sche | edule G (Form 990) 2021 |

| Sch | edule G (Form 990) 2021 | HOPEKIDS, | INC | 86-1042378 | Page 3 |
|------|---|-------------------|--|-----------------------|-------------|
| 11 | Does the organization conduct ga | aming activities | vith nonmembers? | Yes | No No |
| 12 | Is the organization a grantor, ben | eficiary or trust | e of a trust, or a member of a partnership or other entity formed | | |
| | to administer charitable gaming? | | | Yes | No |
| 13 | Indicate the percentage of gamin | g activity condu | oted in: | | |
| | | | | | % |
| | | | | | % |
| 14 | Enter the name and address of the | ie person who p | repares the organization's gaming/special events books and records: | | |
| | Name | | | | |
| | Address 🕨 | | | | |
| 15a | a Does the organization have a cor | itract with a thi | party from whom the organization receives gaming revenue? | Yes | No No |
| I | | | vived by the organization > \$ and the amount | nt | |
| | of gaming revenue retained by th | | | | |
| 0 | : If "Yes," enter name and address | of the third par | y: | | |
| | Name 🕨 | | | | |
| | Address 🕨 | | | | |
| 16 | Gaming manager information: | | | | |
| | | | | | |
| | Name 🕨 | | | | |
| | Gaming manager compensation | ▶ \$ | | | |
| | Description of sonvices provided | • | | | |
| | Description of services provided | | | | |
| | | | | | |
| | | | | | |
| | Director/officer | Employe | Independent contractor | | |
| | | | | | |
| 17 | Mandatory distributions: | | | | |
| á | a Is the organization required unde | r state law to m | ke charitable distributions from the gaming proceeds to | | |
| | retain the state gaming license? | | | | No No |
| I | | • | state law to be distributed to other exempt organizations or spent in | the | |
| Da | organization's own exempt activitient IV Supplemental Infor | | x year ▶ \$ de the explanations required by Part I, line 2b, columns (iii) and (v); a | ad Davit III Jimaa O | 0h 10h |
| 1 6 | | | provide any additional information. See instructions. | nd Part III, lines 9, | 90, 100, |
| | 135, 136, 10, and 175, a | s applicable. Al | provide any additional information. See instructions. | | |
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| 1320 | 83 10-21-21 | | | Schedule G (Form | n 990) 2021 |
| | | | 33 | | |

| Part IV | Supplemental Information | on (continued) | | |
|-----------|--------------------------|----------------|------------|--------|
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| | | | Schedule G | Form 9 |
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16360511 131839 038-001237

132084 11-18-21

34 2021.03041 HOPEKIDS, INC

| 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 | 91 | |
| | | Compensated Employees | | 20 | | |
| Depa | tment of the Treasury | 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees t of the Treasury venue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | | Open to | Publ | ic |
| | al Revenue Service | | | Inspe | ction | |
| Nam | e of the organization | n | Employer i | dentificatio | on nui | nber |
| | | , | 86-1 | 042378 | | |
| Pa | rt I Question | s Regarding Compensation | | | | |
| | | | | | Yes | No |
| 1a | Check the appropri | ate box(es) if the organization provided any of the following to or for a person listed on Form | 990, | | | |
| | Part VII, Section A, | line 1a. Complete Part III to provide any relevant information regarding these items. | | | | |
| | \equiv | , i i i i i i i i i i i i i i i i i i i | nal use | | | |
| | | | | | | |
| | _ | | | | | |
| | Discretionary | spending account Personal services (such as maid, chauffeu | ır, chef) | | | |
| _ | | | | | | |
| b | | | | | | |
| - | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | | <u>1b</u> | | | |
| 2 | | | | | | |
| | trustees, and office | rs, including the CEO/Executive Director, regarding the items checked on line 1a? | | 2 | | |
| 2 | ladiaatakiala if a | a sa | | | | |
| 3 | | | | | | |
| | | | טוונס | | | |
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| | · | | | | | |
| | | | ommittoo | | | |
| | | | Uninnitiee | | | |
| 4 | During the year did | any person listed on Form 990 Part VII Section A line 1a with respect to the filing | | | | |
| • | | | | | | |
| а | - | e payment or change-of-control payment? | | 4a | | x |
| b | | eive payment from a supplemental nonqualified retirement plan? | | | | x |
| с | | eive payment from an equity-based compensation arrangement? | | | | x |
| | - | nes 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 | | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio | 'n | | | |
| | contingent on the r | evenues of: | | | | |
| а | The organization? | | | 5a | | х |
| | | ation? | | | | x |
| | | or 5b, describe in Part III. | | | | |
| 6 | For persons listed of | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio | 'n | | | |
| | contingent on the r | et earnings of: | | | | |
| а | The organization? | | | 6a | | X |
| b | | ation? | | | | X |
| | If "Yes" on line 6a o | or 6b, describe in Part III. | | | | |
| 7 | | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | | |
| | | nes 5 and 6? If "Yes," describe in Part III | | 7 | X | |
| 8 | | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | ie | | | |
| | | | | 8 | | X |
| 9 | | id the organization also follow the rebuttable presumption procedure described in | | | | |
| | Regulations section | | | 9 | | |
| LHA | For Paperwork R | eduction Act Notice, see the Instructions for Form 990. | Sched | ule J (Forn | n 990) | 2021 |

132111 11-02-21

16360511 131839 038-001237

86-1042378

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.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B) |
|---------------------------|-------------|--|---|---|-----------------------------------|-------------------------|------------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) JOSH TAYLOR | (i) | 132,136. | 20,000. | 0. | 6,086. | 23,568. | 181,790. | 0 |
| PRESIDENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0 |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

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.

PART I, LINE 7:

BONUSES ARE DETERMINED BY DISCRETION OF THE BOARD BASED UPON PERFORMANCE

DURING THE YEAR.

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

| Department of the Treasury | |
|----------------------------|--|
| Internal Revenue Service | |

Dort

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

2021 Open to Public Inspection

|--|

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

| Employer | ider | ntification | number |
|----------|------|-------------|--------|
| | | | |

| 86-1042378 |
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|------------|

| HOPEKIDS, | IN |
|-------------------|----|
| Types of Property | |

| Fai | L I | iypes | | | | | | | | |
|-----|--------|---------------|---|-------------------------------|---|---|---|-----|-----|----------|
| | | | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of de noncash contribu | | • | S |
| 1 | Art - | Works of a | art | | | | | | | |
| 2 | | | treasures | | | | | | | |
| 3 | | | interests | | | | | | | |
| 4 | | | blications | | | | | | | |
| 5 | | | ousehold goods | | | | | | | |
| 6 | | | vehicles | | | | | | | |
| 7 | | | nes | | | | | | | |
| 8 | | | perty | | | | | | | |
| 9 | | | blicly traded | | | | | | | |
| 10 | | | osely held stock | | | | | | | |
| 11 | | | rtnership, LLC, or | | | | | | | |
| | | t interests | | | | | | | | |
| 12 | Sec | urities - Mis | scellaneous | | | | | | | |
| 13 | | | ervation contribution - | | | | | | | |
| | Hist | oric structu | ıres | | | | | | | |
| 14 | Qua | lified conse | ervation contribution - Other | | | | | | | |
| 15 | Rea | l estate - R | esidential | | | | | | | |
| 16 | | | ommercial | | | | | | | |
| 17 | Rea | l estate - O | ther | | | | | | | |
| 18 | Coll | ectibles | | | | | | | | |
| 19 | Foo | d inventory | · | | | | | | | |
| 20 | Drug | gs and med | dical supplies | | | | | | | |
| 21 | Тахі | dermy | | | | | | | | |
| 22 | Hist | orical artifa | icts | | | | | | | |
| 23 | Scie | entific spec | imens | | | | | | | |
| 24 | | | artifacts | | | | | | | |
| 25 | | er 🕨 (| EVENTS) | X | 1,189 | 1,681,599. | | | | |
| 26 | Othe | er 🕨 (| SUPPLIES) | X | 4 | 3,674. | FMV | | | |
| 27 | Othe | er 🕨 (|) | | | | | | | |
| 28 | Othe | er 🕨 (|) | | | | | | | |
| 29 | Nun | nber of For | ms 8283 received by the organi | zation during | g the tax year for co | ontributions | | | | |
| | for v | which the o | rganization completed Form 82 | 83, Part V, D | onee Acknowledg | ement 29 | | | | |
| | | | | | | | | | Yes | No |
| 30a | Duri | ng the yea | r, did the organization receive b | y contributio | n any property rep | orted in Part I, lines 1 throug | h 28, that it | | | |
| | mus | t hold for a | at least three years from the date | e of the initia | l contribution, and | which isn't required to be us | sed for | | | |
| | exer | npt purpos | ses for the entire holding period | ? | | | | 30a | | X |
| b | lf "Y | 'es," descri | be the arrangement in Part II. | | | | | | | |
| 31 | Doe | s the orgar | nization have a gift acceptance | policy that re | equires the review of | of any nonstandard contribu | tions? | 31 | X | <u> </u> |
| 32a | Doe | s the orgar | nization hire or use third parties | or related or | ganizations to solid | cit, process, or sell noncash | | | | |
| | | tributions? | ••••••••••••••••••••••••••••••••••••••• | | | | | 32a | | X |
| b | lf "Y | 'es," descri | be in Part II. | | | | | | | |
| 33 | If the | e organizat | ion didn't report an amount in c | olumn (c) fo | r a type of property | for which column (a) is che | cked. | | | |

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

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

Schedule M (Form 990) 2021

132141 11-17-21

| Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. | |
|---|----|
| | |
| SCHEDULE M, PART I, COLUMN (B) | |
| COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS. | |
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| 132142 11-17-21 Schedule M (Form 990) 202 2 0 2 0 3 0 | 21 |

Schedule M (Form 990) 2021 HOPEKIDS, INC

86-1042378

Page 2

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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.



Employer identification number 86-1042378

HOPEKIDS, INC

FORM 990, PART III, LINES 4A AND 4B:

OUR PROGRAMS ARE DESIGNED TO ENSURE THAT OUR HOPEKIDS AND THEIR FAMILY

ALWAYS HAVE SOMETHING TO LOOK FORWARD TO, RATHER THAN DWELLING ON WHAT

THEY ARE DEALING WITH NOW; CHEMO, HOSPITAL STAYS, SURGERIES, THERAPY

ETC. OUR IMPACTS ARE "HOPE AND ANTICIPATION" - KEEPING OUR KIDS FOCUSED

ON THE FUTURE, "FAMILY FOCUS" - OUR EVENTS BRING THE FAMILY TOGETHER IN

SUPPORTIVE ACTIVITIES WHEN CIRCUMSTANCES THREATEN TO RIP THEM APART.

OUR EVENTS OFFER FUN FOR ALL FAMILY MEMBERS, ALLOWING THEM

TO SPEND MUCH NEEDED TIME TOGETHER, "COMMUNITY & SUPPORTIVE

RELATIONSHIPS" - OUR HOPEDAY AND HOPECOMMUNITY PROGRAMS DRAW MANY

FAMILIES TOGETHER IN A UNIQUE AND SUPPORTIVE ENVIRONMENT FOR

CONNECTION, SHARING AND ENCOURAGEMENT. OUR KIDS AND FAMILIES MEET

OTHERS JUST LIKE THEM, "SAFETY AND ACCEPTANCE" - IN OUR SUPPORTIVE PEER

COMMUNITY NO CHILD IS THE ONLY ONE WEARING A MASK, IS BALD OR USING A

WHEELCHAIR. AT HOPEKIDS, EVERYONE IS ACCEPTED AND EVERYONE BELONGS,

"ECONOMIC SUPPORT" - ALL OUR EVENTS ARE PRE-ORGANIZED AND AVAILABLE

FREE OF CHARGE TO OUR FINANCIALLY DISADVANTAGED FAMILIES.

IN RESPONSE TO COVID WE CREATED A NEW VIRTUAL PROGRAM OF EVENTS WHERE

WE WERE ABLE TO BRING AN ENTIRELY NEW AND CREATIVE PROGRAM TO THE

FAMILIES IN THE SAFETY OF THEIR HOMES AND THEIR HOSPITAL BEDS. WE WERE

ABLE TO EASILY CONNECT FAMILIES ACROSS ALL CHAPTERS LIKE NEVER BEFORE.

OUR VIRTUAL PROGRAM INCLUDED EVENTS LIKE MEET AND GREETS WITH PRO

ATHLETES, STORY TIME WITH PRINCESSES, TEEN AND PARENT BOOK CLUBS, MAGIC

SHOWS, COOKING AND CRAFT CLASSES, TALENT SHOWS, MOVIE STREAMING WITH

DINNER DELIVERY AND SO MUCH MORE. IN TOTAL OUR SIX CHAPTERS (AZ, CO,

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

Schedule O (Form 990) 2021

| Name of the organization | Employer identification number |
|---|--------------------------------|
| HOPEKIDS, INC | 86-1042378 |
| | |
| KC, MN, TN, TX) PROVIDED 2,421 PROGRAM EVENTS WITH TOTAL PROGRAM | |
| ATTENDANCE OF 43,029 PEOPLE. INSPITE OF THE PANDEMIC WE ENROLLED 302 | |
| NEW FAMILIES TO THE PROGRAM AND OUR PASSIONATE VOLUNTEERS HELPED US BY | |
| PROVIDING MORE THAN 4,843 HOURS OF SERVICE. | |
| | |
| OUR VIRTUAL PROGRAM PROVED SO SUCCESSFUL THOUGHOUT COVID THAT WE WILL | |
| BE HIRING A NEW STAFF MEMBER IN 2022 TO MANAGE OUR THESE NEW EVENTS AND | |
| IMPROVE UPON WHAT WE HAVE ALREADY CREATED, AS WE BELIEVE THERE IS | |
| BENEFIT TO OUR FAMILIES FOR US TO ALWAYS BE PROBVIDING VIRTUAL | |
| OPPORTUNITIES REGARDLESS OF A PANDEMIC. OUR FAMILIES ARE ALWAYS | |
| ISOLATED OVER WINTER DUE TO THEIR CHILD'S MEDICAL CONDITION, OR | |
| SPEDNING WEEKS AND MONTHS IN HOSPITAL OR TRAVELING ACROSS THE COUNTRY | |
| FOR SPECIALIZED TREATEMENTS. NOW WE WILL ALWAYS BE ABLE TO BRING FUN | |
| AND UNIQUE PROGRAMMING TO THEM, NO MATTER WHERE THEY ARE. | |
| | |
| | |
| FORM 990, PART VI, SECTION A, LINE 8B: | |
| THE ORGANIZATION DOES NOT HAVE A COMMITTEE THAT HAS AUTHORITY TO ACT ON | |
| BEHALF OF THE GOVERNING BODY. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 11B: | |

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED

ON INFORMATION PROVIDED BY MANAGEMENT. ONCE THE DRAFT IS AVAILABLE, IT IS

REVIEWED BY MANAGEMENT AND THE AUDIT COMMITTEE AND ANY CHANGES INCORPORATED

INTO THE FILING. ONCE THIS DETAILED REVIEW IS COMPLETE, THE DRAFT OF THE

FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND

COMMENTS PRIOR TO FILING WITH THE IRS.

132212 11-11-21

038-0011

Name of the organization

HOPEKIDS, INC

Page 2 Employer identification number 86-1042378

FORM 990, PART V, LINE 2A:

THE ORGANIZATION HAS OUTSOURCED ITS PAYROLL FUNCTION TO INSPERITY, A

PROFESSIONAL EMPLOYER ORGANIZATION (PEO), WHO PAYS THE EMPLOYEES

WORKING FOR THE ORGANIZATION AND ISSUES ALL W-2'S UNDER ITS FEIN.

THEREFORE, THE ORGANIZATION HAS REPORTED 0 W-2'S AS IT DOES NOT ISSUE

ANY W-2'S UNDER ITS FEIN.

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

ALL NEW BOARD MEMBERS ARE PROVIDED WITH THE POLICY AND REQUIRED TO SIGN IT

AND ANNUALLY IT IS REVIEWED BY ALL MEMBERS AND SIGNED. POTENTIAL CONFLICTS

ARE DISCUSSED AT REGULAR BOARD MEETINGS AS THEY ARISE AND ARE RESOLVED.

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

BOARD USES CURRENT GUIDESTAR COMPENSATION REPORT TO DETERMINE COMPARABLE

COMPENSATION. COMPENSATION APPROVALS ARE DOCUMENTED IN BOARD MINUTES. THIS

PROCESS WAS LAST COMPLETED IN DECEMBER 2021.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE

FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE WEBSITE.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION

PROCESS DURING THE TAX YEAR.

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Schedule O (Form 990) 2021