Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

| Α | For the | 2023 ca | lendar year, or tax year begin | ning | | | , and en | nding | | | | | | |
|-------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------|-----------------------------------|-------------------|-----------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|---------------|-----------|--|
| В | Check if a | pplicable: | C Name of organization Hope | e Cancer R | esources | | | | D Employ | er Identifi | ication nu | mber | | |
| \Box | Address c | hange | Doing business as | | | | | | | | | | | |
| = | | | Number and street (or P.O. box if | mail is not d | elivered to str | reet address) | Room/suite | | 71-0595593 | | | | | |
| ' | Name cha | inge | 5835 W Sunset Ave | | | | | | E Telepho | ne numbe | r | | | |
| | nitial retu | rn | City or town | | | State | ZIP code | | 479361-58 | 2/7 | | | | |
| | | | Springdale | | | AR | 72762 | | 479301-30 | | $\overline{}$ | | | |
| | Final return/ | lerminated | Foreign country name | Foreign p | rovince/state | county/ | Foreign postal of | code | | N. | | | | |
| \Box | Amended | return | | | | | | | G Gross re | ceipts \$ | | 4,46 | 39,185 | |
| _ | | | | ··· | | | | | A STATE OF THE PARTY OF THE PAR | 1 | | | X No | |
| / | Application | n pending | F Name and address of principal of | | | | | | nis a group retur | D 27 | | = = | = | |
| | | | Brian Holt 5835 W Sunset A | ve, Spring | idale, AR | 72762 | | | all subordina | | | Yes | No | |
| 1 | Tax-exem | npt status: | X 501(c)(3) 501(c) (| | (insert no.) | 4947(a)(1) | or 527 | If. | No, attach a | list. See i | nstruction | S | | |
| _ | | | | | | | | May Gr | oup exemptio | n number | | | | |
| J | Website: | WW | w.hopecancerresources.org | | | | | BL. | 113 | | | | | |
| K | Form of o | organization | n: X Corporation Trust | Associati | on Ot | her | L Year | of forma | ation 198 | 5 M S | State of leg | gal domicile: | AR_ | |
| P | art I | Su | mmary | | | | | 1 | | | | | | |
| | 1 | Briefly d | lescribe the organization's mi | ission or n | nost signifi | cant activitie | s: We.p | rovide | compassion | nate, p | rofessir | nal | | |
| ė | Ι. | | support services and prevent | | | | | <u> </u> | | | | | ***** | |
| ä | | Caricer | support services and prevent | ion cadaa | | | | 14 | | | | | | |
| Activities & Governance | | | | | ••••• | | | · | | | | | ***** | |
| Š | 2 | Check t | | | | | or disposed | | | | net asse | ts. | - 4 | |
| Ğ | 3 | | r of voting members of the go | | | | | .41 | $(\tilde{\mathbf{x}}_{0}, -\tilde{\mathbf{x}}_{0}, (\tilde{\mathbf{x}})) \in \mathbb{R}$ | 3 | | | 24 | |
| රේ | 4 | Number | r of independent voting memb | pers of the | governing | g body (Part | VI, line 1b). | ar v s | 8 940 W | 4 | | | 23 | |
| <u>:ĕ</u> | 5 | Total nu | ımber of individuals | un calend | ian veer 2 | 323 (Part V, I | ine 2a) | 8 866 18 1 | (a) (c) (c) (c) | 5 | | | 53 | |
| Ξ | 6 | Total nu | ımber of volunteers (estimate | if necess | ery .V | / | | F 96 (390) | 1 300 × 100 | 6 | | | 120 | |
| Ş | 7a | Total un | related business release for | m Part VII | Lcolumn | (C) line 12 | 9 | 20 02 2 | 0 02 20 02 | 7a | | | 122 | |
| | b | Noture | elated business taxable incor | me from F | orm 990-T | Part I line | 11 | 0 00 00 | 5 10 W 10 | 7b | | | 0 | |
| _ | <u> </u> | Net un | elated business taxable incol | ne nom i | 01111 000-1 | , a call to mile | 11. | | Prior Year | 1 | - | Current Year | | |
| | | O tuile | History and assets (Doct VIII) is | ina thi | 400 | • | | | | 88,443 | | | 55,554 | |
| Pe | 8 | | utions and grants (Part VIII, li | | | | | | | | | 7,75 | 00,004 | |
| Ē | 9 | | n service revenue (Part VIII, | | | | | | | 03,000 | | | 0.012 | |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d). | | | | | | | | 0 | | | 9,013 | |
| IE. | 11 | Carlot to to the Carlot to the | | | | | | | 51,807 | | | 22,709 | | |
| | 12 | Total rev | venue—add lines 8 through 11 r | (must equa | Part VIII, | column (A), li | ne 12) | | 4,0 | 39,636 | | 4,3 | 41,858 | |
| | 13 | Grants | and similar amounts paid (Pa | art IX, colu | mn (A), lir | nes 1-3). | SWE W. BY SK | | | 0 | | | 0 | |
| | 14 | Benefits | s paid to or for members (Par | t IX, colur | nn (A), line | 94) | A 242 A 062 | | | 0 | | | 0 | |
| (O | lla e | | | | (Part IX, column (A), lines 5-10) | | | | 2,315,818 | | | 2,4 | 23,368 | |
| Se | 16a | | sional fundraising fees (Part I | | | | | | | 0 | | | 0 | |
| ě | b | | ndraising expenses (Part IX | | | | 283,802 | | | | 7 | VE TO | 17/2 | |
| Expenses | 17 | | expenses (Part IX, column (A) | | | | | | 1.6 | 95,286 | | 1.8 | 34,384 | |
| | | | | | | | | | | 11,104 | | | 57,752 | |
| | 18 | | kpenses. Add lines 13-17 (mi | | | | | | 7,0 | 28,532 | | | 84,106 | |
| _ | 19 | Revenu | ue less expenses. Subtract lir | ne 18 from | line 12 M | N # 4 # 8#8 | 4 5 4 5 3 | - · | | | | End of Year | | |
| ō | 8 | | ÷ (/) | | | | | Begin | ning of Curre | | | | | |
| set | 20 | | ssets (Part X, line 16) | 2 (2) 2 (2) | 1 2 2 2 | 9 8 9 X 30 | 22 - 20 (22 - 20 (4) | | | 92,935 | | | 59,023 | |
| ₹, | 21 | | | \$1 \$ 18 \$ F | | ខែធ្នាកាន | 22 (8 47 (9 8) | | | 282,598 | | | 64,580 | |
| Net Assets or | 22 | Net ass | sets or fund balances. Subtra | ct line 21 | from line 2 | 0 | 2 R 8 5 E | l | | 210,337 | | 2 | 94,443 | |
| P | art II | Si | gnature Block | | | | | | | | | | | |
| Und | der penalt | ies of perju | iry, I declare that I have examined this rect, and complete peclayalon of pre | return, inclu | ding accompa | anying schedule | s and statements | , and to t | he best of my | knowledg | ge | | | |
| and | belief, it | is true, corr | | parer (other t | han officer) is | s based on all in | formation of whic | h prepar | er has any kn | owledge. | | 6 | | |
| ٥: | | | then Hot | | | | | | | 1112 | 2004 | <u> </u> | | |
| | gn | Sign | nature of officer | | | | | | Date | • 17 | | | | |
| H | ere | Bri | ian Holt | | | | Pres | sident/0 | CEO | | | | | |
| | | _ | pe or print name and title | | | | | | | | | | | |
| - | | | int/Type preparer's name | | Preparer's si | ignature | | Da | ite | | \Box | PTIN | | |
| n. | aid. | | 110 1760 biobaioi o namo | | | <u> </u> | | | | Check | if | | | |
| | aid | Ric | chard D Whittle, CPA | | | | | 1 | 1/8/2024 | self-em | ployed | P0049077 | <u>′4</u> | |
| | repare | | O. F. F 1. O | | | | | | Firm's EIN 71-0749699 | | | | | |
| U | se Onl | у — | 110 E 1 E 1 A 1 O 1 T 1 A D 70704 | | | | | | | | | | | |
| _ | | | | | | | | | Phone no. | 4/8 | | | | |
| M | av the II | RS discu | iss this return with the prepar | er shown | above? Se | ee instruction | าระวงตรง | 1 10 10 10 | | 1 8 30 7 | | X Yes | No | |

| Form 99 | 90 (2023) | Hope Cancer Resources | 71-0595593 | Page 2 |
|---------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| Par | t III | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III | | X |
| 1 | The miss | escribe the organization's mission: sion of Hope Cancer Resources is to provide compassionate, professional cancer and education in the Northwest Arkansas region today and tomorrow. All of our are provided free of charge to cancer patients, thier families and our community. | | |
| 2 | the prior | organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ? | Yes | X No |
| 3 | Did the o | organization cease conducting, or make significant changes in how it conducts, any program | Yes | X No |
| 4 | Describe expense | describe these changes on Schedule O. e the organization's program service accomplishments for each of its three largest program services, es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo expenses, and revenue, if any, for each program service reported. | | |
| 4a | assistan paymen help witl our staff counsel | ancer Resources helps ease the financial burden brought on by cancer by providing financial ince in paying a patient's everyday living expenses (utility bills, mortgage or rent its, car paymetns, and such), providing prescription assistance and providing gas cards to h getting back and forth to treatments. In addition, emotional assistance is provided by | | |
| 4b | groups, specialis the Well caregive | ancer Resources provides cancer prevention education programs in area schools, to civic human services agencies and in other community venues. We also employ tobacco treatment sts engaged in tobacco cessation programs on an individual and group basis. In addition, lness Center for Hope promotes wellness and healthy living in cancer surviviors and ers by offering individualized exercise programs for survivors. Our objective with these is to help create a healthier Northwest Arkansas. All our services are provdied free of | e \$ |) |
| | | | | |
| 4c | their tre | (Expenses \$ 720,424 including grants of \$) (Revenue ancer Resources provides free transportation to patients who have no other way to get to eatments of to relieve the burden on family and friends. In 2023 we drove our 8 vehicles miles transporting 384 patients on 7,610 trips. All our services are provided free of | e \$ | |
| 4d | Other p | program services (Describe on Schedule O.) | 0.) | |

78,331 including grants of \$

2,803,717

(Expenses \$

Total program service expenses

0)

0) (Revenue \$

Hope Cancer Resources 71-0595593 Form 990 (2023) Page 3 Checklist of Required Schedules Part IV Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 2 Χ Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, Χ assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III & 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors. have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Χ Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Χ 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 9 Χ Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Х 11a b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more Χ 11b c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more Χ d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part IX. e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 Χ 15 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 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a

20b

| Part | 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 | 22 | | Х |
| 23 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | - | <u>^</u> |
| 23 | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | x | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines | | | |
| | 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | _X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a | | | |
| | prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or | 25b | | Х |
| 26 | 990-EZ? If "Yes," complete Schedule L, Part I | 200 | | ^ |
| 26 | 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 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | | |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | |
| | persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 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- | | V |
| | "Yes," complete Schedule L, Part IV. | 28a | - | X |
| þ | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. | 28b | - | <u> </u> |
| 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 | | X |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. | 29 | X | Ť. |
| 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, | 34 | x | |
| | III, or IV, and Part V, line 1 | 35a | _ | Х |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled | 35a | | ^ |
| D | entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | 1 | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related | 100.0 | | |
| 30 | organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| • | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | | | |
| | 19? Note: All Form 990 filers are required to complete Schedule O | 38 | X | |
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | n n | 5 5 | 닏 |
| | î î . | | Yes | No |
| 1a | Effect the flumbor reported in box of the office restriction of the separation of th | 5 | | |
| b | Enter the number of Forms W-29 included on the 1a. Enter -0-11 not applicable : | 0 | No. of Co. | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | 1c | X | 1000 |
| | reportable gaming (gambling) winnings to prize winners? | 10 | | |

| | Tropo cando recodarses | _ | | |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------|
| Part | | 10000 | 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. | | V | 1000000 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Χ | V |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | 10 | | X |
| L | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | NI AVE | |
| 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). | F5.40 | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | Open Company | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | CONTRACTOR OF THE PARTY OF THE | BINS | |
| | and services provided to the payor? | 7a | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | X | - |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | 7. | | |
| | required to file Form 8282? | 7c | MULEU | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7e | NAME OF A | X |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| f | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | \vdash | + |
| g | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| h 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 1500 | | B |
| Ü | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 216 | | 1000 |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | A.S. |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 1000 | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 113 | | |
| 11 | Section 501(c)(12) organizations. Enter: | 100 | | 1240 |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | 107 | |
| | against amounts due or received from them.) | 12a | Name of Street | U Samoo |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 120 | 188 | S COUNTY |
| b 42 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| 13 | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| а | Note: See the instructions for additional information the organization must report on Schedule O. | 0.00 | DUE A | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| - | the organization is licensed to issue qualified health plans | 0.00 | | |
| С | Enter the amount of reserves on hand | 2/6 | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | X |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| . • | If "Yes," complete Form 4720, Schedule O. | - | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities | | | |
| • • | that would result in the imposition of an excise tax under section 4951, 4952, or 4953? | 17 | | |
| | If IVes II complete Form 6060 | 100 | | |

Part VI Go

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

| Secti | ion A. Governing Body and Management | | | _ |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|-------------|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain on Schedule O. | SE | | 200 |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | 1 | | |
| | any other officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | _ | | |
| 7 4 | one or more members of the governing body? | 7a | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | Ť |
| U | stockholders, or persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | (0.0) | | Name of |
| 0 | the year by the following: | | | 6.77 |
| • | The governing body? | 8a | Χ | |
| a | Each committee with authority to act on behalf of the governing body? | 8b | $\frac{\hat{X}}{X}$ | _ |
| b | Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached | 0.0 | $\stackrel{\sim}{-}$ | _ |
| 9 | at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | × |
| Cont | ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C | |) | |
| Seci | ion B. Policies (This Section B requests information about policies not required by the internal November C | ouc. | Yes | No |
| 100 | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| 10a | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | 104 | | <u> </u> |
| b | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 44. | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? | 11a | | X |
| 11a | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | IIa | 13/62 | Vision |
| b | Did the organization have a written conflict of interest policy? If "No," go to line 13. | 12a | Х | |
| 12a | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| b | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 120 | ^ | _ |
| С | describe on Schedule O how this was done. | 12c | Х | |
| 12 | Did the organization have a written whistleblower policy? | 13 | | X |
| 13 | Did the organization have a written document retention and destruction policy? | 14 | | X |
| 14 | Did the process for determining compensation of the following persons include a review and approval by | BESS | 24.8 | NO. |
| 15 | | | 1 | Virginia II |
| | independent persons, comparability data and contemporaneous substantiation of the deliberation and decision? | 15a | Х | 19000 |
| а | The organization's CEO, Executive Director, or top management official. | 15b | X | - |
| b | Other officers or key employees of the organization | 130 | ^ | 100 |
| | 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 arrangement | 100 | Renn | X |
| | with a taxable entity during the year? | 16a | GURO | ^ |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard | 40h | Files | ET TOTAL |
| | the organization's exempt status with respect to such arrangements? | 16b | _ | |
| | tion C. Disclosure | | _ | |
| 17 | List the states with which a copy of this Form 990 is required to be filed AR | 04/6 | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section |) I (C |) | |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| 46 | Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po | псу, | | |
| | and financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records The Organization 479-361-5847 | | | |
| | | | | |
| | 5835 W Sunset Ave, Springdale, AR 72762 | | | |

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

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (B) (do not check more than one (D) (A) Reportable Reportable Estimated amount Name and title Average box, unless person is both an compensation officer and a director/trustee) ompensation of other hours from the from related compensation per week Individual tru or director organization (W-2/ organizations (W-2/ from the (list any nest compensated 1099-MISC/ 1099-MISC/ organization and hours for 1099-NEC) 1099-NEC) related organizations related organizations below dotted line) (1) Brian Holt 40.00 Χ Х Χ 171,410 0 25,183 0.00 President/CEO 1.00 (2) Bo Bittle Х 0.00 0 Past Chair 2.00 (3) Ryan McGuire Х 0 Chairman 0.00 X (4) Stephen Dacus 1.00 X 0.00 Х 0 Vice Chair (5) Jayson Krisell 1.00 Secretary 0.00 Х Х 0 (6) Matt Akins 1.00 0.00 X Χ 0 Treasurer 1.00 (7) Kevin Pope MD Х 0 0.00 Com Chair (8) Bryan McDuffie 1.00 0.00 Х 0 Com Chair 1.00 (9) Bobby Carlson 0 0.00 Х Director (10) Jade Coats OD 1.00 Director 0.00 Х 0 1.00 (11) James Counce MD 0 0.00 Director (12) Lance Eads 1.00 Director 0.00 X 0 1.00 (13) Layza Lopez-Love 0.00 Х 0 Director 1.00 (14) Lucas Campbell MD 0 0.00 Director

| Form 990 (2023) Hope Cancer Resources | | | | | | | | | 71- | 0595 | 5593 | Pa | ge 8 |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------|----------------|---------------|---------------------------------|---------------------|-----------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------|----------------------------------------------------------|-------------|
| Part VII Section A. Officers, Directors, Tru | istees, Key Emp | oloye | es, | and | Hiç | ghest | C | ompensated Em | ployees (co | ntinu | ıed) | | |
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | box, | unles er an | s pe | ition more rson irecto | Highest compensated | an ee) | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensatic from related organizations (' 1099-MISC 1099-NEC) | on d W-2/ / | o com fr | (F) Ited arno f other pensatio om the ization a organiza | on and |
| (15) Mandy Macke | 1.00 | | | | | | | | - | \dashv | | _ | |
| Director | 0.00 | | | | | | | 0 | The same of the sa | | | | |
| (16) Melissa Fleeman | 1.00 | _ | | | | | | | ·) | | | | |
| Director | 0.00 | X | | | | | | 0 | | | | | |
| (17) Murray T Harris MD | 1.00 | | | | | | | | | | | | |
| Director | 0.00 | _ | | | | | | 0 | | _ | | | |
| (18) Patty Nuovo | 1.00 | 1 | | | | | | | | | | | |
| Director | 0.00 | _ | _ | | _ | | | 0 | | _ | | | |
| (19) Rahul Ray | 1.00 | 1 | | | | 1 | b., | | | | | | |
| Director | 0.00 | _ | _ | - | _ | - | P | 0 | | | | | _ |
| (20) Randy Torres | 1.00 | | | | 1 | Jan Sala | | 1)) | | | | | |
| Director | 0.00 | _ | - | 1 | 1 | 100 | -4 | 0 | | | | | _ |
| (21) Stacy Matlock | 1.00 | | | 40 | 1 | | | | | - 1 | | | |
| Director | 0.00 | _ | - | Sh. | | ~ | | 0 | | \dashv | | | |
| (22) Sterling Hamilton Director | 0.00 | .00 | 40 | 79 | • | | | 0 | | | | | |
| (22) Curanah Caidan | 1.00 | - | | | + | | - | 9 | | \dashv | | | |
| Director | 0.00 | 10 No. 202 | 1 | | | | | 0 | | - 1 | | | |
| (24) Thed Book MD | 1.00 | | - | | | | | | | \neg | | | |
| Director Emeritus-Ex Officio | 0.00 | | | | | | | 0 | | | | | |
| (25) Dick Trammel | 1.00 | - | | | | | | | | | | | |
| Director Emeritus-Ex Officio | 1.00 | 40 | | | | | | 0 | | | | | |
| 1b Subtotal | | 20 - 03 |): (E | 100 10 | 6 60 | 3 E | | 171,410 | | 0 | | 25 | ,183 |
| c Total from continuation sheets to Part VII, S | ection A | | (a) 3 | +: | 5X - X | 9 94 × | | 0 | | 0 | | | C |
| d Total (add lines 1b and 1c) | | | | | | | | 171,410 | | 0 | | 25 | ,183 |
| 2 Total number of individuals (including but not li | | sted a | bov | /e) \ | vho | гесеі | vec | more than \$100 | 0,000 of | | | | |
| reportable compensation from the organization | | | | | | | | | | | | | 1 |
| 3 Did the organization list any former officer, dir employee on line 1a? If "Yes," complete Scheen | | | | | | | | | | | 3 | Yes | No X |
| 4 For any individual listed on line 1a, is the sum the organization and related organizations gre | of reportable cor | npen | satio | on a es, " | and o | other oplete | coi S | mpensation from chedule J for suc | | | | | |
| individual | rue compensatio | n fro | | | | iated | | | vidual | | 4 | X | IST IS |
| for services rendered to the organization? If ") | | | | | | | | | | œ | 5 | and provide | Х |
| Section B. Independent Contractors | | | | | | | | | | | | | |
| 1 Complete this table for your five highest comp | ensated indepen | dent | con | trac | tors | that | rec | eived more than | \$100,000 of | 202120 | | | |
| compensation from the organization. Report c | ompensation for | tne c | aler | ndar | yea | ar end | ling | | e organizatio | וצחכ | | | _ |
| (A) Name and business ad | dress | | | | | | | (B) Description of se | rvices | C | (C) Compen | | |
| | | | | | | | | | | _ | | | (|
| | | | | | | | _ | | | | | | (|
| | | | | | | | _ | | | | | | (|
| | | | | | | | | | | | | | |
| C. Tatal assessment in James dent and antenders (in the | iding but not line! | tod 4- | , +h - | | licto | d ab | 1 | \ who received | - 100 | 8(0) | D. Bress | | e e e |
| 2 Total number of independent contractors (inclumore than \$100,000 of compensation from the | | iea to | י נחכ | ose | 115(0 | 0 ab | ve |) who received | 2 | | | | |

Form 990 (2023) Hope Cancer Resources
Part VIII Statement of Revenue

| | | Check if Schedule O contains a respon- | se or r | note to any line in | this Part VIII. 🖫 | | | X |
|--------------------------------------------------------|----------|---------------------------------------------|---------|---------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| y (s) | 1a | Federated campaigns | 1a | 0 | | | | |
| ant Ints | b | Membership dues | 1b | 0 | | | | |
| اع ق | С | Fundraising events | 1c | 374,701 | | | | |
| £ Z | d | Related organizations | 1d | 2,990,000 | | | | |
| . E | е | Government grants (contributions) | 1e | 0 | | | | |
| Sin | f | All other contributions, gifts, grants, and | | | | | 1 | |
| iğ E | | similar amounts not included above | 1f | 1,090,853 | | 4 | | |
| 불티 | g | Noncash contributions included in | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | 1g | | | | • | |
| | <u>h</u> | Total. Add lines 1a-1f | | Business Code | 4,455,554 | | | |
| ا ه | 20 | | - | Business Code | 0 | 1 | STREET, STATES OF THE PARTY. | CLASS CONTRACTOR |
| Program Service Revenue | 2a | | | | - 0 | | | |
| iue e | b | | | | 0 | | | |
| E S | d | | 227 | | 0 | - Company | | |
| Regia | u | | *** | | 0 | | | |
| <u>စို</u> | f | All other program service revenue | | | | | | |
| ۱ ۵ | q | Total. Add lines 2a–2f. | | | | | | |
| \neg | 3 | Investment income (including dividends, in | | | 4 | | | |
| | | other similar amounts) | | | 1,544 | | | 1,544 |
| | 4 | Income from investment of tax-exempt bor | | | 0 | | | |
| | 5 | Royalties | | | 0 | | | |
| | | (i) Re | al | (ii) Personal | | | | |
| | 6a | Gross rents 6a | | | | | | |
| | b | Less: rental expenses . 6b | _4_ | | | | | |
| | С | Rental income or (loss) 6c | 0 | 0 | | | | |
| | d | Net rental income or (loss) | | | C | | Wallest Control of the Control of th | |
| | 7a | Gross amount from (i) Secur | ities | (ii) Other | | | | |
| | | sales of assets | P | | | | | |
| | | other than inventory | 0 | 7,500 | | | | |
| Revenue | b | Less: cost or other basis | 200 | 0.4 | | | A TENENS | \$200 MILES |
| Š | | and sales expenses 7b | 0 | 7,469 | | | | |
| | | Gain or (loss) | | 7,409 | 7,469 | | | 7,469 |
| Other | 82 | Net gain or (loss) | | | 7,408 | | | 7,409 |
| ₹ | 0a | events (not including \$ 374,701 | | | | | | |
| | | of contributions reported on line 1c). | 1 | | | | | |
| | | See Part IV, line 18 | 8a | | | | E 1500 E 1500 | |
| | b | Less: direct expenses | 8b | 127,296 | | | | |
| | С | Net income or (loss) from fundraising ever | nts . | | -127,296 | | | |
| | 9a | Gross income from gaming activities. | | | | | | |
| | | See Part IV, line 19. | 9a | 0 | | | | |
| | b | Less: direct expenses | 9b | 0 | | | | |
| | С | Net income or (loss) from gaming activitie | s | 20 G 20 G 30 G | (| | | |
| | 10a | Gross sales of inventory, less | | | | | | |
| | | returns and allowances | 10a | 0 | | TAIS ON BUILDING | | |
| | b | Less: cost of goods sold | 10b | | | MANUFACTURE OF THE STREET | | |
| | С | Net income or (loss) from sales of invento | ry | | | | MATANCE STORY | |
| Sn | | OII D | | Business Code | A E0- | 1 105 | 122 | |
| eo ne | | Other Revenue | | 900099 | 4,587 | 4,465 | 122 | |
| cellaneo | b | | | | | | | 1 |
| Se Se | C | All other revenue | | | | | | |
| Miscellaneous Revenue | a | All other revenue | | | 4,58 | Company of the Compan | | |
| | 12 | Total revenue See instructions | 61 18 | | 4.341.858 | | 122 | 9,013 |

Part IX Statement of Functional Expenses

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

| | Check if Schedule O contains a response or note | to any line in this Pa | ırt IX | * * * * * * * * | X |
|--------|--------------------------------------------------------------------------------------------------|------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| | not include amounts reported on lines 6b, 7b, 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 | 0 | | | |
| 2 | Grants and other assistance to domestic | _ | | | |
| | individuals. See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | 0 | | |
| | individuals. See Part IV, lines 15 and 16 | 0 | | | |
| 4 5 | Benefits paid to or for members | U | | | |
| 3 | trustees, and key employees | 196,593 | | 196,593 | |
| 6 | Compensation not included above to disqualified | 100,000 | | 100,000 | |
| • | persons (as defined under section 4958(f)(1)) and | | | 4 | |
| | persons described in section 4958(c)(3)(B) | l ol | | | |
| 7 | Other salaries and wages | 1,783,030 | 1,182,483 | 459,733 | 140,814 |
| 8 | Pension plan accruals and contributions (include | | 4 | | |
| | section 401(k) and 403(b) employer contributions) | 59,586 | 35,592 | 13,838 | 10,156 |
| 9 | Other employee benefits | 239,842 | 143,264 | 55,699 | 40,879 |
| 10 | Payroll taxes | 144,317 | 86,205 | 33,515 | 24,597 |
| 11 | Fees for services (nonemployees): | 4.4 | 4 | | |
| а | Management | 0 | | | |
| b | Legal. p | 6,054 | > | 6,054 | |
| C | Accounting | 26,679 | | 26,679 | |
| d | Lobbying | 0 | to part of the later | | |
| e | Professional fundraising services. See Part IV, line 17 | 0 | | CONTRACTOR OF THE PROPERTY OF THE PARTY OF T | |
| f | Investment management fees | 0 | | | |
| g | (A), amount, list line 11g expenses on Schedule O.) | W. W. | | | |
| 12 | Advertising and promotion | 55,630 | 49,014 | | 6,616 |
| 13 | Office expenses | 278,219 | | 54,467 | 7,200 |
| 14 | Information technology | 0 | | | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 365,842 | 107,488 | 240,201 | 18,153 |
| 17 | Travel | 42,884 | 42,884 | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 0 | | | <u> </u> |
| 21 | Payments to affiliates | 0 | 105 700 | 2 200 | E 404 |
| 22 | Depreciation, depletion, and amortization | 120,161 | 105,760 | | 5,481 |
| 23 | Insurance | 81,360 | 60,486 | 13,875 | 6,999 |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A), amount, list line 24e expenses on Schedule O.) | | | | |
| а | Delicat Consises | 753,598 | 753,598 | | |
| b | Dues and Subscriptions | 19,167 | | | 3,888 |
| c | Continuing Education | 30,791 | | | 17,968 |
| d | Community Relations | 12,770 | | | 1,051 |
| е | All other expenses Other | 41,229 | | 41,229 | 0 |
| 25 | Total functional expenses. Add lines 1 through 24e | 4,257,752 | 2,803,717 | 1,170,233 | 283,802 |
| 26 | Joint costs. Complete this line only if the | | | | |
| | organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and | | | | |
| | fundraising solicitation. Check here if | | | | |
| | following SOP 98-2 (ASC 958-720) | | I. | | |

Hope Cancer Resources

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
|------------------|-----|--------------------------------------------------------------------------------------------------|------------------|-------|-----------------|
| | | | (A) | | (B) |
| | | Be | eginning of year | | End of year |
| | 1 | Cash—non-interest-bearing | 162,775 | 1 | 248,823 |
| | 2 | Savings and temporary cash investments | 0 | 2 | |
| | 3 | Pledges and grants receivable, net | 0 | 3 | 0 |
| | 4 | Accounts receivable, net | 78,516 | 4 | 0 |
| | 5 | Loans and other receivables from any current or former officer, director, | | VOID! | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | 0 | 5 | |
| П | 6 | Loans and other receivables from other disqualified persons (as defined | | N | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0 | 6 | |
| Assets | 7 | Notes and loans receivable, net | 0 | 74 | 0 |
| SS | 8 | Inventories for sale or use | 0 | 8 | |
| ۹ | 9 | Prepaid expenses and deferred charges | 34,889 | 9 | 80,633 |
| | 10a | Land, buildings, and equipment: cost or | | | |
| | | other basis. Complete Part VI of Schedule D 10a 796,173 | | | |
| | b | Less: accumulated depreciation | 216,755 | 10c | 228,544 |
| | 11 | Investments—publicly traded securities | 0 | 11 | 1,023 |
| | 12 | Investments—other securities. See Part IV, line 11 | 0 | 12 | 0 |
| | 13 | Investments—program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 | Intangible assets | 0 | 14 | 0 |
| | 15 | Other assets | 0 | 15 | 0 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 492,935 | 16 | 559,023 |
| | 17 | Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses | 282,598 | 17 | 264,580 |
| | 18 | Grants payable | 0 | 18 | |
| | 19 | Deferred revenue | 0 | 19 | |
| | 20 | Tax-exempt bond liabilities | 0 | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 21 | |
| es | 22 | Loans and other payables to any current or former officer, director, | | | |
| Ħ | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| Liabilities | | controlled entity or family member of any of these persons | 0 | 22 | |
| <u> </u> | 23 | Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 0 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17–24). Complete | | | |
| | | Part X of Schedule D | 0 | 25 | 0 |
| | 26 | Total liabilities. Add lines 17 through 25 | 282,598 | 26 | 264,580 |
| S | | Organizations that follow FASB ASC 958, check here X | | | |
| JC. | | and complete lines 27, 28, 32, and 33. | | | |
| <u>R</u> | 27 | Net assets without donor restrictions | 210,187 | 27 | 275,445 |
| or Fund Balances | 28 | Net assets with donor restrictions | 150 | 28 | 18,998 |
| pu | | Organizations that do not follow FASB ASC 958, check here | | | |
| F | | and complete lines 29 through 33. | | | |
| ō | 29 | Capital stock or trust principal, or current funds | 0 | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or equipment fund | 0 | | |
| Š | 31 | Retained earnings, endowment, accumulated income, or other funds | 0 | | |
| Net Assets | 32 | Total net assets or fund balances | 210,337 | | 294,443 |
| Ne | 33 | Total liabilities and net assets/fund balances | 492,935 | | 559,023 |
| _ | | | | | Farm 990 (2022) |

| Form 9 | 990 (2023) Hope Cancer Resources 71-0 | 595593 | Pag | e 12 |
|--------|-----------------------------------------------------------------------------------------------------------------|------------|-------|-------|
| Part | Reconciliation of Net Assets | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | 90. BE 35. | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 9 | 4,341 | ,858, |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | 4,257 | ,752 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | 84 | ,106 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | | 210 | ,337 |
| 5 | Net unrealized gains (losses) on investments | | | |
| 6 | Donated services and use of facilities | | | |
| 7 | Investment expenses | | | |
| 8 | Prior period adjustments | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32) | | | |
| | column (B)) | | 294 | ,443 |
| Part | | | m | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | 9 8 9 | | |
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: X Cash Accrual Other | 138 (19) | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on | STEW | | |
| | Schedule O. | | | 100 |
| 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 | | | 100 |
| | reviewed on a separate basis, consolidated basis, or both. | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | UZ |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Х | |
| | 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. | 0 | | 100 |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | 1000 |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | 3/2/ | | MIS |
| | Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | - | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | За | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | |
| | required audit or audits, explain why on Schedule Q and describe any stens taken to undergo such audits | 3h | | |

Form **990** (2023)

Continuation Sheet for Form 990

Page 1 of

| Hope Cancer Resources | | | | | | | | | 95593 | | |
|------------------------|---------------------|-----------------------------------------------------------------------------|--------------------------------|-----------------------|------------|--------------|------------------------------|----|--------------------------------------|------------------------------------------------------------|----------------------------------------------------------|
| Part VII Section A | Continuation of Off | | rs, T | rus | tee | es, | Key | En | nployees, and | Highest | |
| : | Compensated Emp | | | - | | 01 | | _ | (6) | (E) | (E) |
| (A) Name ar | | (B) Average hours per week | | | chec | | that ap | | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation |
| | | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | | Key employee | Highest compensated employee | ¥ | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| (26) Blake Lockwood MD | | 1.00 | ,, | | | | | | | | |
| Director (27) | | 1.00 | X | - | | - | | | | | |
| (21) | | | | | | | | | | | |
| (28) | | | | | | | | | | | |
| (29) | | | | | | | (| | | | |
| (30) | | | | 4 | 1 | (| | 1 | | | |
| (31) | | | | 100 | The second | 1 | 1 | | | | |
| (32) | | | | 9 | 100 | | | | | | |
| (33) | | | 4 | | | | | | | | |
| (34) | | C | | | | | | | | | |
| (35) | | | 7 | | | | | | | | |
| (36) | | 1 | | | | | | | | | |
| (37) | |) | | | | | | | | | |
| (38) | X | | | | | | | | | 1 | |
| (39) | () | | | | | | | | | | |
| (40) | .0) | | | | | | | | | | |
| (41) | | | | | | | | | | | |
| (42) | (-) | | | | | | | | | | |
| (43) | | | | | | | | | | | |
| (44) | | | | | | | | | | | |
| (45) | | | | | | | | | | | |

Form 4797

Department of the Treasury

Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2023

Sequence No. 27

Attachment

Name(s) shown on return Identifying number 71-0595593 Hope Cancer Resources Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions 1a Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Part I Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (g) Gain or (loss) 2 (a) Description (b) Date acquired (c) Date sold (d) Gross allowed or basis, plus Subtract (f) from the allowable since improvements and of property (mo., day, yr.) (mo., day, yr.) sales price sum of (d) and (e) acquisition expense of sale 12/31/2023 0 0 Computers 8/5/2020 9.230 9,230 0 0 0 3 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 7,469 6 6 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 7,469 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. Nonrecaptured net section 1231 losses from prior years. See instructions 8 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions 0 Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 0 0 0 11 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 13 13 14 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions. 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 18b (Form 1040), Part I, line 4.

| Form 4 | Hope Cancer Resources | | | | | -059559 | 93 Page 2 |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------|---------------|--------------------------|---------|-------------------------------|
| Part | Gain From Disposition of Property Under S (see instructions) | Section | ns 1245, 1250, | 1252, 1254 | | | |
| 19 | (a) Description of section 1245, 1250, 1252, 1254, or 1255 prope | erty: | | | (b) Date ac (mo., day | | (c) Date sold (mo., day, yr.) |
| Α | 2017 Honda Odyssey EXL | | | | 5/1/20 |)17 | 1/4/2023 |
| В | | | | | | | |
| С | | | | | | | |
| D | | | | | | | |
| | These columns relate to the properties on lines 19A through 19D. | | Property A | Property B | Proper | ty C | Property D |
| 20 | Gross sales price (Note: See line 1a before completing.) | 20 | 7,500 | | | | |
| 21 | Cost or other basis plus expense of sale | 21 | 36,148 | | | | |
| 22 | Depreciation (or depletion) allowed or allowable | 22 | 36,117 | | | | |
| 23 | Adjusted basis. Subtract line 22 from line 21 | 23 | 31 | | 0 | 0 | 0 |
| | | | | | | - 1 | |
| 24 | Total gain. Subtract line 23 from line 20 | 24 | 7,469 | | 0 | 0 | 0 |
| 25 | If section 1245 property: | | | | | 1 | |
| а | Depreciation allowed or allowable from line 22 | 25a | | | | | |
| b | Enter the smaller of line 24 or 25a | 25b | 0 | | 0 | 0 | 0 |
| 26 | If section 1250 property: If straight line depreciation was used, | | | | | | |
| | enter -0- on line 26g, except for a corporation subject to section 291. | | | | | | |
| а | Additional depreciation after 1975. See instructions | 26a | | | | | |
| b | Applicable percentage multiplied by the smaller | | | | | | |
| | of line 24 or line 26a. See instructions | 26b | | | | | |
| С | Subtract line 26a from line 24. If residential rental property | | 7 .00 | | | ام | |
| | or line 24 isn't more than line 26a, skip lines 26d and 26e | 26c | 7,469 | | 0 | 0 | 0 |
| d | Additional depreciation after 1969 and before 1976 | 26d | 0 | | 0 | 0 | 0 |
| e | Enter the smaller of line 26c or 26d | 26e 26f | U | | U . | - | |
| T | Section 291 amount (corporations only) | 26g | 0 | | 0 | 0 | 0 |
| g | Add lines 26b, 26e, and 26f | 20g | | | 1 | | |
| 27 | If section 1252 property: Skip this section if you didn't | 1 | | | | | |
| | dispose of farmland or if this form is being completed for a partnership. | | | | | | |
| 2 | Soil, water, and land clearing expenses | 27a | | | | | |
| b | Line 27a multiplied by applicable percentage. See instructions | 27b | 0 | | 0 | 0 | 0 |
| | Enter the smaller of line 24 or 27b. | 27c | 0 | | 0 | 0 | 0 |
| 28 | If section 1254 property: | 1 | | | | | |
| zo a | Intangible drilling and development costs, expenditures | | | | | | |
| u | for development of mines and other natural deposits, | 1 | | | | T I | |
| | mining exploration costs, and depletion. See instructions | 28a | | | | | |
| b | Enter the smaller of line 24 or 28a | 28b | 0 | | 0 | 0 | 0 |
| 29 | If section 1255 property: | | | | | | |
| а | Applicable percentage of payments excluded from | | | | | | |
| | income under section 126. See instructions | 29a | | | | | |
| b | Enter the smaller of line 24 or 29a. See instructions | 29b | 0 | | 0 | 0 | C |
| Sur | nmary of Part III Gains. Complete property columns | A thro | ough D through | line 29b be | fore going | to line | 30. |
| | | | | | | | |
| 30 | Total gains for all properties. Add property columns A through D | | | | | 30 | 7,469 |
| 31 | Add property columns A through D, lines 25b, 26g, 27c, 28b, an | | | | | 31 | C |
| 32 | Subtract line 31 from line 30. Enter the portion from casualty or | | | | | | ese wes |
| | from other than casualty or theft on Form 4797, line 6 | 00 20 30 3 | 6 8 8 26 8 8 9 9 | | 0 8 8 8 8 8 | 32 | 7,469 |
| Par | t IV Recapture Amounts Under Sections 179 a (see instructions) | nd 280 |)F(b)(2) When | Business l | Jse Drops | ; to 50 | % or Less |
| - | Account of the second of the s | | | | (a) Sec 17 | | (b) Section 280F(b)(2) |
| 22 | Castian 170 avenue deduction or dense detical allements in unit | or voore | | 3 | | | 2001 (0)(2) |
| 33 | Section 179 expense deduction or depreciation allowable in price Recomputed depreciation. See instructions | | | 1 10 10 10 10 | | | |
| 34 35 | Recomputed depreciation. See instructions Recapture amount, Subtract line 34 from line 33. See the instru | | | | | 0 | |
| 90 | recognition amount. Captract into our notif into our coo the matra | | | | | | - |

Depreciation and Amortization

Form **4562**

Department of the Treasury Internal Revenue Service

(Including Information on Listed Property)

Our fax return

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Sequence No. 179

Name(s) shown on return Identifying number Business or activity to which this form relates Hope Cancer Resources 990 71-0595593 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions). 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 0 separately, see instructions (c) Elected cost 6 (a) Description of property (b) Cost (business use only) 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 10 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562. 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions. 12 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 0 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 120,161 16 Other depreciation (including ACRS). MACRS Depreciation (Don't include listed property. See instructions.) Part III Section A 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery year placed (business/investment use (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property period in service only-see instructions) 19 a 3-year property b 5-year property 7-year property d 10-year property e 15-year property f 20-year property S/L 25 yrs. g 25-year property 27.5 yrs. MM S/L h Residential rental MM S/L 27.5 yrs. property MM S/L i Nonresidential real 39 yrs. MM S/L property Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System S/L 20 a Class life S/L 12 yrs. b 12-year S/L MM 30 yrs. c 30-year S/L d 40-year 40 yrs. Part IV Summary (See instructions.) 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 120,161 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions. 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

| Name | of th | e organization | | | | | Employer identification | number |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------|
| | _ | ncer Resources | | | | | 71-059 | 95593 |
| Par | _ | Reason for Public Chari | | | | | | |
| The o | orga I 1 | nization is not a private foundati | • | | • | | 7 | |
| 2 | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) | | | | | | | |
| 3 | H | A hospital or a cooperative hosp | | • | | 5\/4\/ 6 \/iii | . 4 | |
| | 님 | | - | | | | | tor the |
| 4 | ш | A medical research organization hospital's name, city, and state; | | | escribed | n section | 140(b)(4)(A)(III). EII | |
| 5 | | An organization operated for the section 170(b)(1)(A)(iv). (Com | | e or university owned | or operate | d by a go | vernmental unit desc | ribed in |
| 6 | | A federal, state, or local govern | ment or government | tal unit described in se | ction 170 | (b)(1)(A)(| v). | |
| 7 | X | An organization that normally redescribed in section 170(b)(1)(| | | m a gover | nmental u | init or from the gene | ral public |
| 8 | | A community trust described in | section 170(b)(1)(<i>A</i> | A)(vi). (Complete Part | II.) | | | |
| 9 | | An agricultural research organiz or university or a non-land-gran university: | ration described in s t college of agricultu | section 170(b)(1)(A)(ixure (see instructions). | e) operated Enter the | i in conjur name, city | nction with a land-gra , and state of the co | ant college llege or |
| 10 | | An organization that normally receipts from activities related t support from gross investment acquired by the organization affi | o its exempt function income and unrelated | ns, subject to certain e ed business taxable in | exceptions come (les | and (2) r s section (| no more than 33 1/3° 511 tax) from busine | % of its |
| 11 | | An organization organized and | operated exclusively | y to test for public safe | ty. See se | ction 509 | 0(a)(4). | |
| 12 | | An organization organized and one or more publicly supported Check the box on lines 12a thro | organizations desci | ribed in section 509(a |)(1) or sec | ction 509(| a)(2). See section 5 | 09(a)(3). |
| а | [| Type I. A supporting organiz the supported organization(s organization. You must con | ation operated, sup- | ervised, or controlled blarly appoint or elect a | by its supp | orted orga | anization(s), typically | by giving |
| b | [| Type II. A supporting organize control or management of the organization(s). You must c | e supporting organi | zation vested in the sa | | | | |
| С | [| Type III functionally integra its supported organization(s) | ated. A supporting of | rganization operated i | n connect | ion with, a | and functionally integ D. and E. | rated with, |
| d | [| Type III non-functionally in that is not functionally integr | tegrated. A support ated. The organizati | ting organization opera ion generally must sati | ated in cor isfy a distr | nection wibution re | rith its supported org quirement and an att | anization(s) entiveness |
| е | 1 | requirement (see instruction Check this box if the organize | | | | | | <u> </u> |
| · | 1 | functionally integrated, or Ty | | | | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| f | | Enter the number of supported | | # 90 # 90 # 8 # 8 | . # S # 8 | 6 | 98 M 10 M 10 M 10 M | 2 3 3 0 |
| g | | Provide the following information Name of supported organization | n about the supporte | ed organization(s). (iii) Type of organization | (ly) le the c | organization | (v) Amount of monetary | (vi) Amount of |
| | (1) | wante of supported organization | (11) 2114 | (described on lines 1–10 above (see instructions)) | listed in you | ar governing ment? | support (see instructions) | other support (see instructions) |
| | | | | | Yes | No | | |
| (A) | | | | | | | | |
| (B) | | | | | | | | - |
| (C) | | | | | | | | |
| (D) | | | | | | | | |
| | _ | | | | | | | |
| (E) | | | | | | | | |
| Tota | 1 | | The second secon | THE PARTY OF THE P | A DATA TO LINE | A CONTRACTOR OF THE PARTY OF TH | 0 | |

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

| | Part III. If the organization fa | ils to qualify un | der the tests lis | ted below, plea | ase complete P | art III.) | |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------|
| Sec | tion A. Public Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received, (Do not include any "unusual grants."). | 3,205,250 | 3,442,801 | 3,486,223 | 4,019,737 | 4,455,554 | 18,609,565 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 3,203,200 | 0,442,001 | 0,400,220 | 4,010,707 | 4,400,004 | 0,000,000 |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | 1 | 8 | 0 |
| 5 | Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount | 3,205,250 | 3,442,801 | 3,486,223 | 4,019,737 | 4,455,554 | 18,609,565 |
| | shown on line 11, column (f) | | | | NAME OF THE PARTY | | 10.000.000 |
| _6 | Public support. Subtract line 5 from line 4 | HELICATION OF THE | | HEROTE DE CO | 203137112910 | 22 (5)///05/8/19 | 18,609,565 |
| | tion B. Total Support | (2) 2040 | 4-> 0000 | * *** | (4) 2000 | (-) 2002 | (6) Total |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 7 8 | Amounts from line 4 | 3,205,250 | 3,442,801 | 3,486,223 | 4,019,737 | 4,455,554 1,544 | 18,609,565 1,584 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | 4 | C. | | | | C |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | -6 | 8,226 | restent se was | 2,987 | 4,588 | 15,814 18, 626 ,963 |
| 11 | Total support. Add lines 7 through 10. | | | | | 40 | 10,020,903 |
| 12 | Gross receipts from related activities, etc. (s First 5 years. If the Form 990 is for the orga organization, check this box and stop here | anization's first, sec | cond, third, fourth, o | or fifth tax year as | a section 501(c)(3) | | |
| | tion C. Computation of Public Su | | | (6) | | 44 | 00.010/ |
| | Public support percentage for 2023 (line 6 | | • | | | 15 | 99.91% 99. 93 % |
| | Public support percentage from 2022 Sched 33 1/3% support test—2023. If the organiz and stop here. The organization qualifies a | ation did not check s a publicly suppor | the box on line 13 ted organization . | s, and line 14 is 33 | 1/3% or more, che | ck this box | |
| | 33 1/3% support test—2022. If the organization qualifi | es as a publicly su | pported organizatio | nega per e | | | 40 M M M M |
| | 10%-facts-and-circumstances test—202: 10% or more, and if the organization meets Part VI how the organization meets the facts organization. | the facts-and-circus- s-and-circumstance | mstances test, che es test. The organiz | ck this box and st eation qualifies as a | op here. Explain in a publicly supporte | 1 d | |
| b | 10%-facts-and-circumstances test—202. 15 is 10% or more, and if the organization in Part VI how the organization meets the factorganization. | neets the facts-and acts-and-circumstar | -circumstances tes nces test. The orga | t, check this box a nization qualifies a | nd stop here . Exp is a publicly suppoi | lain | |
| 18 | Private foundation. If the organization did | not check a box or | line 13, 16a, 16b, | 17a, or 17b, check | k this box and see | | - |

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.)

| Sec | tion A. Public Support | | | | | | |
|------|-----------------------------------------------------------------------------------------------|------------------------|----------------------|----------------------|-------------------------|----------------|----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | | | | | | 0 |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | 0 |
| 3 | Gross receipts from activities that are not an | | | | | | |
| • | unrelated trade or business under section 513 . | | | J. | | | 0 |
| 4 | Tax revenues levied for the | | | | | | |
| • | organization's benefit and either paid to | | | | ~ | .) | |
| | or expended on its behalf | P. | | | | | 0 |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | V . | 1 1 | | |
| | organization without charge | | | | | | 0 |
| 6 | Total. Add lines 1 through 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Amounts included on lines 1, 2, and 3 | | | A. | | | |
| | received from disqualified persons | | | | | | 0 |
| b | Amounts included on lines 2 and 3 | | | | P | | |
| ~ | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | * M 4 | | | |
| | or 1% of the amount on line 13 for the year | | | 40, 100 | | | 0 |
| С | Add lines 7a and 7b | 0 | * Q | 0 | 0 | 0 | 0 |
| 8 | Public support (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | 0 |
| Sec | ction B. Total Support | | - | | | | |
| | endar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 9 | Amounts from line 6 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10a | Gross income from interest, dividends, | • | | | | | |
| | payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources | | No. of the last | | | | 0 |
| b | Unrelated business taxable income (less | 4 | 4 | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | 0 |
| С | Add lines 10a and 10b | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | Net income from unrelated business | of the | | | | | |
| | activities not included on line 10b, whether | | | | | | |
| | or not the business is regularly carried on | 4 | | | | | 0 |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | 4 | | | | | |
| | (Explain in Part VI.) . | 1 | | | | | 0 |
| 13 | A 10 100 | | | | | | |
| | and 12.) | 0 | 0 | 0 |) c | | 0 |
| 14 | First 5 years. If the Form 990 is for the org | anization's first, sec | cond, third, fourth, | or fifth tax year as | a section 501(c)(3 |) | _ |
| | organization, check this box and stop here | | | | n | | 300 K 0 0 3 PC |
| Se | ction C. Computation of Public Su | pport Percent | age | | | | |
| 15 | Public support percentage for 2023 (line 8, | | | (f)) | 5 36 5 5 5 5 | 15 | 0.00% |
| 16 | Public support percentage from 2022 Scheo | | | | | 16 | 0.00% |
| | ction D. Computation of Investme | | | | | | |
| 17 | Investment income percentage for 2023 (lin | | | column (f)) | 90 04 0440 40 340 54 40 | 17 | 0.00% |
| 18 | Investment income percentage from 2022 S | | | | | 18 | 0.00% |
| 19a | 33 1/3% support tests—2023. If the organ | nization did not che | ck the box on line | 14, and line 15 is n | more than 33 1/3% | and line 17 is | |
| | not more than 33 1/3%, check this box and | stop here. The org | ganization qualifies | as a publicly supp | oorted organization | 9 9 | 11100 |
| t | 33 1/3% support tests—2022. If the organ | nization did not che | ck a box on line 14 | or line 19a, and li | ne 16 is more than | 33 1/3%, and | - |
| _ | line 18 is not more than 33 1/3%, check this | hov and ston her | e. The organizatio | n qualifies as a pul | blicly supported or | ganization | s saraw L |
| | line 18 is not more than 33 1/3%, check this | box and atop nor | | | • '' | | C |

Schedule A (Form 990) 202

Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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), o₅ (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes." explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Fart I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI**.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | | Yes | No |
|---|----------|---------------------------------------|--------------|
| | | | |
| [| 1 | | CHESTON IN |
| | | | |
| | 2 | thomas and | |
| | 3a | Mag | Quant. |
| İ | Ja | | |
| | 3b | | |
| 1 | 30 | KKIE | |
| | 3c | | |
| | 4a | | |
| | | | |
| | 4b | | 2000 |
| | | | |
| | | | |
| ļ | 4c | | discount of |
| | | | |
| | | | |
| | 5a | Silve | DOM: |
| | | | 157 |
| | 5b 5c | | - |
| Ì | | | |
| - | | | |
| | 6 | - | - |
| | | | |
| | 7 | I III III III III III III III III III | - Contractor |
| | 8 | S1461 | Selection. |
| | | | |
| | 9a | 1230 | |
| | | SIS. | N.S. |
| | 9b | 89,500 | 200 |
| | 9с | 7.0 | |
| | | | |
| | 10a | pajes | William etc. |
| | 404 | Pist. | N.E.M |
| - | 10b | | |

| Part I | V 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 | | 765 | |
| | 11c below, the governing body of a supported organization? | 11a | | _ |
| | 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 | (2E/3 | 0.00 | Stor. |
| Casti | detail in Part VI. | 11c | | |
| Secu | on B. Type I Supporting Organizations | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | 6951 | 103 | NA CO |
| ' | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | PAU | e w |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | 1 | |
| | 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 | Single | | 1000 |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | 55 |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | 1812 | THE STATE OF | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Section | on C. Type II Supporting Organizations | | | |
| | | Constant | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | 2028 | | 01200 |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | 1857LE |
| | or management of the supporting organization was vested in the same persons that controlled or managed | Sec. | (E88) | |
| | the supported organization(s). | 1 | | <u></u> |
| Secti | on D. All Type III Supporting Organizations | | Yes | No |
| 4 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | 5180 | 163 | 140 |
| 1 | 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 | MAG | | |
| | 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 | 14.00m | Briks. | 1 |
| _ | organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | S.V.C. | | |
| | 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 | Sept. | | 15 |
| | a significant voice in the organization's investment policies and in directing the use of the organization's | 3883 | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | \$S\$1 | | 1 |
| | supported organizations played in this regard. | 3 | | |
| Secti | on E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins | truction | is). | |
| 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 entity (s | see instruc | tions). | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | 100 | 1 129 | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | Maj. | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | 153 | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 13.00 | | |
| | 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, | | | No. |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | 1 | 588 | 1000 |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | 1235 | 10.5 | No. |
| | these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | 1 |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | E VI | | 1000 |
| | trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. | 3a | | A JUDINESA |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | 1505 | d Septiment | MES. |
| | of its supported organizations? If "Ves" describe in Part VI the role played by the organization in this regard | 3b | 1 | 411 |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|-------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organization. | - | | |
| instructions. All other Type in non-runctionally integrated supporting organ | ilizatio | ons must complete sections | (B) Current Year |
| Section A - Adjusted Net Income | | (A) Prior Year | (optional) |
| 1 Net short-term capital gain | 1 | | (optional) |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | 0 | 0 |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of | Ť | 4 | |
| gross income or for management, conservation, or maintenance of property | | | |
| held for production of income (see instructions) | 6 | 4 | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | 0 | 0 |
| | 10 | | (B) Current Year |
| Section B - Minimum Asset Amount | | (A) Prior 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): | C. C. | E NECK T | |
| 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 | 0 | 0 |
| 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 | 0 | 0 |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| see instructions). | 4 | 0 | 0 |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | 0 | 0 |
| 6 Multiply line 5 by 0.035. | 6 | 0 | 0 |
| 7 Recoveries of prior-year distributions | 7 | 0 | 0 |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | 0 | 0 |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | 0 |
| 2 Enter 0.85 of line 1. | 2 | | 0 |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | 0 |
| 4 Enter greater of line 2 or line 3. | 4 | | 0 |
| 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 | | 0 |
| 7 Check here if the current year is the organization's first as a non-functional | lly int | egrated Type III supporting o | organization (see |
| instructions). | | | |

| Schedule | A (Form 990) 2023 Hope Cancer Resources | | 7 | 1-0595593 Page 7 |
|----------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------|
| Part \ | Type III Non-Functionally Integrated 509(a)(3) | Supporting Organi | zations (continued) | |
| Section | on D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | empt purposes | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exempt | | | |
| | organizations, in excess of income from activity | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpos | es of supported organization | ations 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required—p | provide details in Part V | 1) 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | 7 | 0 |
| 8 | Distributions to attentive supported organizations to which the | ne organization is respo | nsive | |
| | (provide details in Part VI). See instructions. | | 8 | |
| 9 | Distributable amount for 2023 from Section C, line 6 | | 9 | 0 |
| 10 | Line 8 amount divided by line 9 amount | | 10 | 0.000 |
| 8 | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | (iii) Distributable Amount for 2023 |
| 1 | Distributable amount for 2023 from Section C, line 6 | | | 0 |
| 2 | Underdistributions, if any, for years prior to 2023 | | | |
| | (reasonable cause required—explain in Part VI). See | | | |
| 2 | instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | |
| a | From 2018 | 4 4 | | |
| b | From 2019 | 000 | | |
| c | From 2020 0 | 484 | | |
| d | From 2021 | | | |
| ее | From 2022 | | | |
| f | Total of lines 3a through 3e | 0 | | |
| g | Applied to underdistributions of prior years | | 0 | |
| h | Applied to 2023 distributable amount | NEWS TO SEE THE SECOND ASS. | | 0 |
| I | Carryover from 2018 not applied (see instructions) | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from line 3f | 0 | | |
| 4 | Distributions for 2023 from | | | |
| | Section D, line 7: \$ 0 | | | |
| | Applied to underdistributions of prior years | | 0 | |
| b_ | Applied to 2023 distributable amount | | | 0 |
| c | Remainder. Subtract lines 4a and 4b from line 4. | 0 | | |
| 5 | Remaining underdistributions for years prior to 2023, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | |
| | greater than zero, explain in Part VI. See instructions. | | 0 | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain | | | |
| | in Part VI. See instructions. | | | 0 |
| 7 | Excess distributions carry over to 2024. Add lines 3j | | | |
| | and 4c. | 0 | MESSENHAL SPECIAL | |
| 8 | Breakdown of line 7 | | | |
| a | Excess from 2019 | | | |
| b | Excess from 2020 | AND RESIDENCE AND ADDRESS OF THE PARTY OF TH | | Average Assessed |
| c | Excess from 2021 0 | | | |
| d | Excess from 2022 | | | |
| е | Excess from 2023 0 | | | |

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF.

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

71-0595593 Hope Cancer Resources Organization type (check one): Section: Filers of:) (enter number) organization Form 990 or 990-EZ 501(c)(4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization
Hope Cancer Resources

Employer identification number
71-0595593

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | | | | |
|------------|---------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------|--|--|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 1 | Highlands Oncology Group 3232 N. North Hills Blvd Fayetteville AR 72703 Foreign State or Province: Foreign Country: | \$ 267,000 | Person X Payroll | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 2 | Cancer Challenge PO Box 1843 Betonville AR 72712 Foreign State or Province: Foreign Country: | \$ | 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 | | | | | |
| 3 | American Cancer Society 5434 W Walsh Ln Rogers AR 72758 Foreign State or Province: Foreign Country: | \$ 100,000 | Person X Payroll | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 4 | Jordan, Leroy 5835 W Sunset Ave Springdale AR 72762 Foreign State or Province: Foreign Country: | \$ 156,538 | 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 | | | | | |
| | Foreign State or Province: Foreign Country: | \$ | Person | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| ********** | Foreign State or Province: Foreign Country: | \$ | Person Payroll Oncash (Complete Part II for noncash contributions.) | | | | | |

Name of organization Hope Cancer Resources Employer identification number 71-0595593

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | | | | | | | |
|---------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|--|--|--|--|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | | |
| ************** | | \$ | 1 | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | | |
| ******* | | \$ | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | | |
| • | | \$ | 2 | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | | |
| ASSESSED | | \$ | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | | |
| (MANAGEMEN) | | \$ | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | | |
| | | \$ | *************************************** | | | | | |

| Name of org | | | | | Employer identification number | | | |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------|------------------|---------------------------------------------------------|--|--|--|
| | er Resources | | | | 71-0595593 | | | |
| Part III | Exclusively religious, charitable, etc., co (10) that total more than \$1,000 for the year the following line entry. For organizations of contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional | ear from any o ompleting Part . (Enter this info | one contributor. Complete III, enter the total of excluormation once. See instru- | e colu Isivel | umns (a) through (e) and y religious, charitable, etc., | | | |
| (a) No. from Part I | (b) Purpose of gift | | Use of gift | (c | i) Description of how gift is held | | | |
| | | | | | | | | |
| : | Transferee's name, address, and 2 | | ransfer of gift Relationshi | p of | transferor to transferee | | | |
| 2.53 | For. Prov. Country | | | | 7 | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) | Use of gift | (0 | d) Description of how gift is held | | | |
| | | | | | | | | |
| | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | | | | |
| | For. Prov. Country | · (U | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c |) Use of gift | (0 | d) Description of how gift is held | | | |
| | |) | | *** | | | | |
| | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | | | | |
| | For. Prov. Country | | *************************************** | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (с |) Use of gift | ((| d) Description of how gift is held | | | |
| ********* | | | | | | | | |
| | | | ransfer of gift | | | | | |
| | Transferee's name, address, and a | ZIP + 4 | Relationship of transferor to transferee | | | | | |
| | For. Prov. Country | | | | | | | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

2023 Open to Public

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

Attach to Form 990.

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

Employer Identification number

| Hope | Cancer Resources | | 71-0595593 |
|-------|------------------------------------------------------|--------------------------------------------------|-----------------------------------------|
| Part | Organizations Maintaining Donor A | dvised Funds or Other Similar Fun | ds or Accounts. |
| | Complete if the organization answere | d "Yes" on Form 990, Part IV, line 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | 4 500 |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and dono | r advisors in writing that the assets held in | donor advised |
| | funds are the organization's property, subject to | | |
| 6 | Did the organization inform all grantees, donors | s, and donor advisors in writing that grant fi | unds can be used |
| | only for charitable purposes and not for the ber | efit of the donor or donor advisor, or for an | y other purpose |
| | conferring impermissible private benefit? | | Yes No |
| Part | | | |
| عبدهد | Complete if the organization answere | d "Yes" on Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by | | |
| • | Preservation of land for public use (for example | | n of a historically important land area |
| | | | n of a certified historic structure |
| | Protection of natural habitat | Preservation | n of a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization | n held a qualified conservation contribution | |
| | easement on the last day of the tax year. | 1 1 | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easem | | 2b |
| C | Number of conservation easements on a certification | | 2c |
| d | Number of conservation easements included of | | 24 |
| • | not on a historic structure listed in the National | Register | instead by the arganization during |
| 3 | Number of conservation easements modified, t | ransferred, released, extinguished, or termi | mated by the organization during |
| | the tax year | and the second second | |
| 4 | Number of states where property subject to cor | | handling of |
| 5 | Does the organization have a written policy reg | | |
| c | violations, and enforcement of the conservation | | |
| 6 | Staff and volunteer hours devoted to monitoring, ins | pecting, handling of violations, and emorcing of | onservation easements during the year |
| 7 | Amount of average in average in marketing bases | handling of violations, and enforcing conso | anotion agreements during the year |
| 7 | Amount of expenses incurred in monitoring, inspect | ing, handling of violations, and emorcing conse | availon easements during the year |
| 8 | Does each conservation easement reported on | line 2d above satisfy the requirements of | section 170(h)(4)(B)(i) |
| 0 | and section 170(h)(4)(B)(ii)? | Time 2d above satisfy the requirements of | Yes No |
| 9 | In Part XIII, describe how the organization repo | | |
| Ð | balance sheet, and include, if applicable, the te | | |
| | organization's accounting for conservation easi | | Total statements that describes the |
| Dari | Organizations Maintaining Collection | one of Art Historical Treasures or | Other Similar Assets |
| Pall | Complete if the organization answers | od "Ves" on Form 990 Part IV line 8 | Other Ollina Assets. |
| 10 | If the organization elected as permitted under | | statement and halance sheet |
| 1a | works of art, historical treasures, or other similar | | |
| | public service, provide in Part XIII the text of th | | |
| h | If the organization elected, as permitted under | EASR ASC 958 to report in its revenue sta | tement and balance sheet works |
| U | of art, historical treasures, or other similar asse | ats held for public exhibition, education, or r | research in furtherance of public |
| | service, provide the following amounts relating | | deduction in target of passing |
| | (i) Revenue included on Form 990, Part VIII, li | | |
| | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of ar | | |
| 4 | following amounts required to be reported under | | to ter missions gam, provide me |
| а | Revenue included on Form 990, Part VIII, line | | s |
| | Assets included in Form 990, Part X. | | \$ 5 |
| | , joggio molados in i offit odo, i dit/ | | |

| Pari | III Organizations Maintaining C | Collections of Ar | t. Histor | ical Trea | sures. or C | ther Similar Asse | ts (contir | nued) | |
|------|----------------------------------------------------------------------------|-----------------------------|--------------|---------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------|-------|
| 3 | Using the organization's acquisition, ac | | | | | | | | |
| | collection items (check all that apply). | | | , | | .g | | | |
| а | Public exhibition | | d \square | Loan or | exchange pro | gram | | | |
| | = | | · H | | ononanga pro | 3 , | | | |
| b | Scholarly research | | e | Other | | | | | 7.77 |
| C | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization XIII. | on's collections and | explain ho | w they fu | rther the orga | nization's exempt pur | pose in Pa | ırt | |
| 5 | During the year, did the organization so | olicit or receive don | ations of a | rt historia | cal treasures | or other similar | | | |
| • | assets to be sold to raise funds rather | | | | | | Ye | 2.2 | No |
| Dow | | | - a ao part | 01 1110 019 | janization o | ALCOHOLITY AND ALCOHO | | | |
| Part | Escrow and Custodial Arrar Complete if the organization a | | n Form 0 | OO Bad | IV line 9 or | roported an amoun | nt on For | m | |
| | | ilisweled tes o | II FOIIII 9 | 30, Part | IV, IIIIE 9, UI | reported an amoun | il on roi | 111 | |
| - | 990, Part X, line 21. | | | | | | | | |
| 1a | Is the organization an agent, trustee, c | | | | ributions or of | ner assets not | □ v _a | . [| NI. |
| | included on Form 990, Part X? | | | | | | Ye | 's | No |
| b | If "Yes," explain the arrangement in Pa | rt XIII and complete | e the follow | ving table. | | | Amount | | |
| | Danisaina balanca | | | | 1 | 1c | Amount | | 0 |
| C | Beginning balance | | | | | | | | |
| d | Additions during the year | | | | ACCUPATION. | 1d | | | _ |
| e | Distributions during the year | | | | (N | 1e | | | 0 |
| f | Ending balance | | | | | 1f | | r | |
| 2a | Did the organization include an amoun | | | AL | | t Part | | es X | No |
| b | If "Yes," explain the arrangement in Pa | rt XIII. Check here | if the expla | anation ha | s been provid | ded in Part XIII | 30 X 30 X | | |
| Part | V Endowment Funds. | | * | 100 10 | 6 | | | | |
| | Complete if the organization a | answered "Yes" o | n Form 9 | 90, Part | IV. line 10. | | | | |
| - | | (a) Current year | | r year | (c) Two years | back (d) Three years ba | ck (e) Fo | our years b | oack |
| 1a | Beginning of year balance | 0 | W/ | | | | | | |
| b | Contributions | | - 40 | h | | | | | |
| C | Net investment earnings, gains, | | city | w | | | | | |
| · | and losses | . (| - | | | | | | |
| d | Grants or scholarships | - 4 | | | | | | | |
| e | Other expenditures for facilities | | | | | | | | |
| | and programs | | | | | | | | |
| f | Administrative expenses | - 1 | | | | | _ | | |
| | End of year balance | 0 | | 0 | | 0 | 0 | | 0 |
| g | | 4 % | | | lumn (a)) hel | | | | |
| 2 | Provide the estimated percentage of the Board designated or quasi-endowmen | ADD. | % % | ine ig, co | numm (a)) nem | a as. | | | |
| a | Permanent endowment | 0/ | 70 | | | | | | |
| b | 407 | % | | | | | | | |
| Ç | Term endowment | | 00/ | | | | | | |
| 2- | The percentages on lines 2a, 2b, and | | | n that are | bold and adr | niniatorad for the | | | |
| 3a | Are there endowment funds not in the | possession of the c | nyanizalio | iii tiiat are | neid and adi | illilistered for the | | Yes | No |
| | organization by: | | | | | | . 3a(i) | 163 | 140 |
| | (i) Unrelated organizations. | 3x x 3x x 3x x 3x x 3x 3x 3 | | | | | | _ | |
| | (ii) Related organizations | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related of | • | - | | | | 3b | | _ |
| 4 | Describe in Part XIII the intended uses | | n's endowr | nent tuna | s | | | - | |
| Par | VI Land, Buildings, and Equip | | | | N7 P 44 - | 0 F 000 P- | V 15 | 40 | |
| | Complete if the organization a | | | 90, Рап | IV, line 11a | | | | |
| | Description of property | (a) Cost or o | | | or other basis | (c) Accumulated | (d) B | ook value | |
| | | (investn | | | other) | depreciation | | | |
| 1a | Land | | 0 | | 0 | | | | (|
| b | Buildings | C N 97 | 0 | | 91,699 | 44,641 | | 47 | 7,058 |
| C | Leasehold improvements | * * - | 0 | | 0 | 0 | | | |
| d | Equipment | # N | 0 | | 460,338 | 280,877 | - | | 0,154 |
| e | Other | | 0 | | 244,136 | 243,809 | | | 1,332 |
| Tota | II. Add lines 1a through 1e. (Column (d) | must equal Form 99 | 90. Part X. | line 10c. | column (B)). | | | 228 | 8,544 |

| | | | Part IV, line 11b. See Form 990, Part X, line 12. |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| 1) Financia | al derivatives | 0 | |
| • | held equity interests | 0 | |
| | | | |
| | | | |
| | | | |
| | | | |
| (D) | | | A |
| (E) | ~>>>==== | | |
| (F) | | | |
| (G) | | | |
| (H) | (I) 1 15 200 D-1V (I 401 (D)) | | |
| All the said | nn (b) must equal Form 990, Part X, line 12, col. (B)) . | 0 | STEEDINGS TO STEED TO |
| Part VIII | Investments—Program Related. Complete if the organization answere | d "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) | | | S |
| (3) | | | |
| (4) | | 6 4 | * |
| (5) | | 4 | |
| (6) | | 1 | |
| (7) | | 1 1 | <u> </u> |
| (8) | | - V | |
| | mn (b) must equal Form 990, Part X, line 13, col. (B)) . | 0 | |
| Part IX | Other Assets. | | |
| | The state of the s | | |
| | Complete if the organization answere | d "Yes" on Form 990, | Part IV, line 11d. See Form 990, Part X, line 15. |
| | | d "Yes" on Form 990, scription | Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value |
| (1) | | A 50 A | |
| (2) | | A 50 A | |
| (2) (3) | | A 50 A | |
| (2) (3) (4) | | A 50 A | |
| (2) (3) (4) (5) | | A 50 A | |
| (2) (3) (4) (5) (6) | | A 50 A | |
| (2) (3) (4) (5) (6) (7) | | A 50 A | |
| (2) (3) (4) (5) (6) (7) (8) | | A 50 A | |
| (2) (3) (4) (5) (6) (7) (8) (9) | (a) De | scription | (b) Book value |
| (2) (3) (4) (5) (6) (7) (8) (9) | lumn (b) must equal Form 990, Part X, line 15 Other Liabilities. Complete if the organization answere | 5, col. (B)) | (b) Book value |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col | Jumn (b) must equal Form 990, Part X, line 15 Other Liabilities. Complete if the organization answere line 25. | 5, col. (B)) | Part IV, line 11e or 11f. See Form 990, Part X, |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col | Jumn (b) must equal Form 990, Part X, line 15 Other Liabilities. Complete if the organization answere line 25. | 5, <i>col.</i> (<i>B</i>)) | Part IV, line 11e or 11f. See Form 990, Part X, |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co) Part X | Jumn (b) must equal Form 990, Part X, line 18 Other Liabilities. Complete if the organization answere line 25. (a) Description | 5, <i>col.</i> (<i>B</i>)) | Part IV, line 11e or 11f. See Form 990, Part X, |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col | Jumn (b) must equal Form 990, Part X, line 18 Other Liabilities. Complete if the organization answere line 25. (a) Description | 5, <i>col.</i> (<i>B</i>)) | Part IV, line 11e or 11f. See Form 990, Part X, |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co) Part X 1. (1) Feder (2) (3) (4) | Jumn (b) must equal Form 990, Part X, line 18 Other Liabilities. Complete if the organization answere line 25. (a) Description | 5, <i>col.</i> (<i>B</i>)) | Part IV, line 11e or 11f. See Form 990, Part X, |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. Part X 1. (1) Feder (2) (3) (4) (5) | Jumn (b) must equal Form 990, Part X, line 18 Other Liabilities. Complete if the organization answere line 25. (a) Description | 5, <i>col.</i> (<i>B</i>)) | Part IV, line 11e or 11f. See Form 990, Part X, |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. Part X 1. (1) Feder (2) (3) (4) (5) (6) | Jumn (b) must equal Form 990, Part X, line 18 Other Liabilities. Complete if the organization answere line 25. (a) Description | 5, <i>col.</i> (<i>B</i>)) | Part IV, line 11e or 11f. See Form 990, Part X, |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Feder (2) (3) (4) (5) (6) (7) | Jumn (b) must equal Form 990, Part X, line 18 Other Liabilities. Complete if the organization answere line 25. (a) Description | 5, <i>col.</i> (<i>B</i>)) | Part IV, line 11e or 11f. See Form 990, Part X, |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Feder (2) (3) (4) (5) (6) (7) (8) | Jumn (b) must equal Form 990, Part X, line 18 Other Liabilities. Complete if the organization answere line 25. (a) Description | 5, <i>col.</i> (<i>B</i>)) | Part IV, line 11e or 11f. See Form 990, Part X, |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Feder (2) (3) (4) (5) (6) (7) (8) (9) | Jumn (b) must equal Form 990, Part X, line 18 Other Liabilities. Complete if the organization answere line 25. (a) Description | 5, col. (B))d "Yes" on Form 990, cription of liability | Part IV, line 11e or 11f. See Form 990, Part X, |

| Par | Reconciliation of Revenue per Audited Financial Statements With Revenue per Re | tuiii. | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------|
| 1 | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements. | 1 | 4,469,154 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 2002 | 4,469, 154 |
| a | Net unrealized gains (losses) on investments | | |
| b | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | 100 | |
| e | Add lines 2a through 2d | 2e | 127,296 |
| 3 | Subtract line 2e from line 1 | 3 | 4,341,858 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | ST(1) 27 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b | Other (Describe in Part XIII.) | | |
| С | Add lines 4a and 4b | 4c | 0 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 4,341,858 |
| Part | 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 | 4,385,048 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | 233 | |
| b | Prior year adjustments | | |
| C | Other losses | 750 | |
| d | Other (Describe in Part XIII.) | - | |
| е | Add lines 2a through 2d | 2e | 127,296 |
| 3 | Subtract line 2e from line 1 | 3 | 4,257,752 |
| 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 | | |
| b | Other (Describe in Part XIII.) | NOTES E | |
| C | Add lines 4a and 4b | 4c | 0 |
| _ | | | 4.057.750 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 4,257,752 |
| Part | XIII Supplemental Information. | | |
| Part Provi | Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, lines 1b and 2b; Part III, lines 1b and 2b and 2b; Part III, lines 1b and 2b and 2b; Part III, lines 1b and 2b and | rt V, line 4 | |
| Pari Provi 2; Pa | Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | rt V, line 4 | |
| Pari Provi 2; Pa | Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, lines 1b and 2b; Part III, lines 1b and 2b and 2b; Part III, lines 1b and 2b and 2b; Part III, lines 1b and 2b and | rt V, line 4 ation | i; Part X, line |
| Part Provi 2; Pa Part | Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform X Line 2 The Organization's policy with respect to evaluating uncertain tax positions | rt V, line 4 ation | |
| Part Provi 2; Pa Part | Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | rt V, line ² | i; Part X, line |
| Part Provi 2; Pa Part 2 | Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform X Line 2 The Organization's policy with respect to evaluating uncertain tax positions sed upon whether management believes it is more likely then not the uncertain tax | rt V, line ² | i; Part X, line |
| Part Provi 2; Pa Part 2 | Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform X Line 2 The Organization's policy with respect to evaluating uncertain tax positions | rt V, line ² | i; Part X, line |
| Part Provi 2; Pa Part 2 is bas positi | Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform X Line 2 The Organization's policy with respect to evaluating uncertain tax positions sed upon whether management believes it is more likely then not the uncertain tax ions will be sustained upon review by the taxing authorities, then the Organization | rt V, line 4 ation. | i; Part X, line |
| Part Provi 2; Pa Part 2 is bas positi | Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform X Line 2 The Organization's policy with respect to evaluating uncertain tax positions sed upon whether management believes it is more likely then not the uncertain tax | rt V, line 4 ation. | i; Part X, line |
| Part Provi 2; Pa Part : is bas positi | Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform X Line 2 The Organization's policy with respect to evaluating uncertain tax positions sed upon whether management believes it is more likely then not the uncertain tax ions will be sustained upon review by the taxing authorities, then the Organization initially and subsequently measure the largest amount of tax benefit that is geater | rt V, line 4 ation. | i; Part X, line |
| Part Provi 2; Pa Part : is bas positi | Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform X Line 2 The Organization's policy with respect to evaluating uncertain tax positions sed upon whether management believes it is more likely then not the uncertain tax ions will be sustained upon review by the taxing authorities, then the Organization | rt V, line 4 ation. | i; Part X, line |
| Part Provi 2; Part 2 is base positi shall | Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform IX. Line 2 The Organization's policy with respect to evaluating uncertain tax positions. In a seed upon whether management believes it is more likely then not the uncertain tax ions will be sustained upon review by the taxing authorities, then the Organization initially and subsequently measure the largest amount of tax benefit that is geater 50% likely of being realized upon settlement with a taxing authority that has full | rt V, line 4 ation. | i; Part X, line |
| Part Provi 2; Part 2 is base positi shall | Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform X Line 2 The Organization's policy with respect to evaluating uncertain tax positions sed upon whether management believes it is more likely then not the uncertain tax ions will be sustained upon review by the taxing authorities, then the Organization initially and subsequently measure the largest amount of tax benefit that is geater | rt V, line 4 ation. | i; Part X, line |
| Part Provi 2; Part 3 is bas positi shall than know | Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform X Line 2. The Organization's policy with respect to evaluating uncertain tax positions. Identify a complete this part to provide any additional information with respect to evaluating uncertain tax positions. In the sustained upon review by the taxing authorities, then the Organization. In the subsequently measure the largest amount of tax benefit that is geater. In the subsequently measure the largest amount of tax benefit that has full also be subsequently information. The tax positions must meet the largest the subsequently that has full also be subsequently information. The tax positions must meet the | rt V, line 4 | i; Part X, line |
| Part Provi 2; Part 3 is bas positi shall than know | Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform IX. Line 2 The Organization's policy with respect to evaluating uncertain tax positions. In a seed upon whether management believes it is more likely then not the uncertain tax ions will be sustained upon review by the taxing authorities, then the Organization initially and subsequently measure the largest amount of tax benefit that is geater 50% likely of being realized upon settlement with a taxing authority that has full | rt V, line 4 | i; Part X, line |
| Part Provi 2; Part 2 is bas positi shall than know more | Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform X Line 2. The Organization's policy with respect to evaluating uncertain tax positions. In the evaluation of the uncertain tax positions are likely then not the uncertain tax positions will be sustained upon review by the taxing authorities, then the Organization initially and subsequently measure the largest amount of tax benefit that is geater for the largest amount of tax benefit that has full will be provided upon settlement with a taxing authority that has full will be relived to the amount of the amounts and the largest amount of the largest amount | rt V, line 4 | i; Part X, line |
| Part Provi 2; Part 2 is bas positi shall than know more | Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform X Line 2. The Organization's policy with respect to evaluating uncertain tax positions. Identify a complete this part to provide any additional information with respect to evaluating uncertain tax positions. In the sustained upon review by the taxing authorities, then the Organization. In the subsequently measure the largest amount of tax benefit that is geater. In the subsequently measure the largest amount of tax benefit that has full also be subsequently information. The tax positions must meet the largest the subsequently that has full also be subsequently information. The tax positions must meet the | rt V, line 4 | i; Part X, line |
| Part Provi 2; Part 3 is bas positi shall than know more proba | Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform X Line 2 The Organization's policy with respect to evaluating uncertain tax positions. Seed upon whether management believes it is more likely then not the uncertain tax ions will be sustained upon review by the taxing authorities, then the Organization initially and subsequently measure the largest amount of tax benefit that is geater. 50% likely of being realized upon settlement with a taxing authority that has full elikely-than-not recognition. The tax positions must meet the elikely-than-not recognition threshold with consideration given to the amounts and abilities of the outcomes that could be realized upon settlement, using the facts. | rt V, line 4 | i; Part X, line |
| Part Provi 2; Part 3 is bas positi shall than know more proba | Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform X Line 2. The Organization's policy with respect to evaluating uncertain tax positions. In the evaluation of the uncertain tax positions are likely then not the uncertain tax positions will be sustained upon review by the taxing authorities, then the Organization initially and subsequently measure the largest amount of tax benefit that is geater for the largest amount of tax benefit that has full will be provided upon settlement with a taxing authority that has full will be relived to the amount of the amounts and the largest amount of the largest amount | rt V, line 4 | i; Part X, line |
| Part Provi 2; Pa Part is bas positi shall than know more probs | Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform X Line 2 The Organization's policy with respect to evaluating uncertain tax positions. In a sed upon whether management believes it is more likely then not the uncertain tax ions will be sustained upon review by the taxing authorities, then the Organization initially and subsequently measure the largest amount of tax benefit that is geater 50% likely of being realized upon settlement with a taxing authority that has full wiedge of all relevant information. The tax positions must meet the e-likely-than-not recognition threshold with consideration given to the amounts and abilities of the outcomes that could be realized upon settlement, using the facts, amstances and information at the reporting date. The Organization will reflect only | rt V, line 4 | i; Part X, line |
| Part Provi 2; Pa Part is bas positi shall than know more probs | Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform X Line 2 The Organization's policy with respect to evaluating uncertain tax positions. Seed upon whether management believes it is more likely then not the uncertain tax ions will be sustained upon review by the taxing authorities, then the Organization initially and subsequently measure the largest amount of tax benefit that is geater. 50% likely of being realized upon settlement with a taxing authority that has full elikely-than-not recognition. The tax positions must meet the elikely-than-not recognition threshold with consideration given to the amounts and abilities of the outcomes that could be realized upon settlement, using the facts. | rt V, line 4 | i; Part X, line |
| Part Provi 2; Part 3 is bas positive shall than known more probable circuithe probable shall than the probable circuithe probable shall than the probable circuithe probable shall than the probable shall than the probable shall than the probable shall the proba | Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform X Line 2. The Organization's policy with respect to evaluating uncertain tax positions. Is sed upon whether management believes it is more likely then not the uncertain tax lions will be sustained upon review by the taxing authorities, then the Organization initially and subsequently measure the largest amount of tax benefit that is geater. In the substance of all relevant information. The tax positions must meet the largest the e-likely-than-not recognition threshold with consideration given to the amounts and abilities of the outcomes that could be realized upon settlement, using the facts, amount of the tax benefit that will be sustained upon resolution of the position and | rt V, line 4 | i; Part X, line |
| Part Provi 2; Part 3 is bas positive shall than known more probable circuithe probable shall than the probable circuithe probable shall than the probable circuithe probable shall than the probable shall than the probable shall than the probable shall the proba | Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform X Line 2 The Organization's policy with respect to evaluating uncertain tax positions. In a sed upon whether management believes it is more likely then not the uncertain tax ions will be sustained upon review by the taxing authorities, then the Organization initially and subsequently measure the largest amount of tax benefit that is geater 50% likely of being realized upon settlement with a taxing authority that has full wiedge of all relevant information. The tax positions must meet the e-likely-than-not recognition threshold with consideration given to the amounts and abilities of the outcomes that could be realized upon settlement, using the facts, amstances and information at the reporting date. The Organization will reflect only | rt V, line 4 | i; Part X, line |
| Part Provi 2; Part 3 is bas positi shall than know more probation the probation applies the probation of the | Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform X Line 2. The Organization's policy with respect to evaluating uncertain tax positions. Is seed upon whether management believes it is more likely then not the uncertain tax ions will be sustained upon review by the taxing authorities, then the Organization initially and subsequently measure the largest amount of tax benefit that is geater. In the subsequently measure the largest amount of tax benefit that has full will dege of all relevant information. The tax positions must meet the elikely-than-not recognition threshold with consideration given to the amounts and abilities of the outcomes that could be realized upon settlement, using the facts, and information at the reporting date. The Organization will reflect only portion of the tax benefit that will be sustained upon resolution of the position and licable interest on the portion of the tax benefit not recognized. Based upon | rt V, line 4 | i; Part X, line |
| Part Provi 2; Part 3 is bas positi shall than know more probation the probation applies the probation of the | Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform X Line 2. The Organization's policy with respect to evaluating uncertain tax positions. Is sed upon whether management believes it is more likely then not the uncertain tax lions will be sustained upon review by the taxing authorities, then the Organization initially and subsequently measure the largest amount of tax benefit that is geater. In the substance of all relevant information. The tax positions must meet the largest the e-likely-than-not recognition threshold with consideration given to the amounts and abilities of the outcomes that could be realized upon settlement, using the facts, amount of the tax benefit that will be sustained upon resolution of the position and | rt V, line 4 | i; Part X, line |

| Schedule D (Form 990) 2023 | Hope Cancer Resources | | 71-0595593 | Page 5 |
|----------------------------|-----------------------------------------|-----------------------------------------|---------------|------------|
| Part XIII Supplem | ental Information (continued) | | | |
| D | F Discourse F. Louise L. L. F. | | | |
| Part XI Line 20 \$ 165,54 | 5 Direct Fundraising Expenses | | | |
| Part XII Line 2d \$185,54 | 45 Direct Fundraising Expenses | | | |
| | | | ****** | |
| | | | ************* | ******* |
| | | | | |
| | | | | |
| | *************************************** | | | |
| | | | | |
| | | | <i>A</i> | |
| | | <u></u> | | |
| | | | • | |
| | | ······································ | | ••••• |
| | | | | |
| | | A | | |
| | | | | ********** |
| | | | | |
| | | 4. | | |
| | | | | ••••• |
| | | 1. | | |
| | 4 | | | |
| | | | | |
| | | • | | |
| | ÷. (|) | | |
| ******************* | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | C | | | |
| | | | | |
| | (./ | ******************************** | | |
| | | | | |
| / | | | | |
| | 4 ./ | | | |
| | | | | |
| | | *************************************** | | |
| 0000000000000 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | ~ > , , , , , | |

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or If the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Employer identification number

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

71-0595593 Hope Cancer Resources Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events C d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or 2a key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (III) Did fundraiser have (iv) Gross receipts (or retained by) (i) Name and address of individual (or retained by) (II) Activity custody or control of from activity fundraiser listed in or entity (fundraiser) organization contributions? col. (i) Yes No 0 0 0 2 0 0 0 0 0 0 O 0 5 0 0 0 6 0 0 0 0 0 0 0 0 0 9 0 0 0 10 0 0 0 0 0 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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 col. (c)) Battle for Hope entlemen of Distinctic NONE (total number) (event type) (event type) Revenue 374,701 Gross receipts 51,042 323,659 0 Less: Contributions 51,042 323,659 374,701 Gross income (line 1 Cash prizes 0 Noncash prizes 0 Direct Expenses 382 58,337 Food and beverages . . . 58,719 43 706 1,425 45,131 23,446 Other direct expenses Direct expense summary. Add lines 4 through 9 in column (d). 127,296) Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add col. (a) through col. (c)) Revenue (c) Other gaming (a) Bingo bingo/progressive bingo Gross revenue. . . Direct Expenses Cash prizes Rent/facility costs . . . Other direct expenses Yes % Yes No No Volunteer labor ... No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: 9 Is the organization licensed to conduct gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain:

| Schedu | ule G (Form 990) 2023 Hope Cancer Resources | 71-0595593 Page 3 |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? | Yes No |
| 13 | Indicate the percentage of gaming activity conducted in: | |
| а | The organization's facility | 13a % |
| b | An outside facility | 13b % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books an records: | d |
| | Name | |
| | Address | \ |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | ☐ Yes ☐ No |
| b | If "Yes," enter the amount of gaming revenue received by the organization amount of gaming revenue retained by the third party \$ 0 | |
| С | If "Yes," enter name and address of the third party: | |
| | Name | |
| | | *************************************** |
| | Address | |
| 16 | Gaming manager information: | |
| | Name | |
| | Gaming manager compensation \$ | |
| | Description of services provided | |
| | Director/officer Employee Independent contractor | |
| 17 | Mandatory distributions: | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | |
| | retain the state gaming license? | |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ | 0 |
| Part | Supplemental Information. Provide the explanations required by Part I, line 2b, column | s (iii) and (v); and |
| | Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additiona | l information. |
| | See instructions. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Hope Cancer Resources

Department of the Treasury

Internal Revenue Service

Employer identification number

71-0595593

| Par | Questions Regarding Compensation | | _ | Yes | No |
|-----|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------|-------------|----------|
| 1a | Check the appropriate boy(es) if the organization prov | ided any of the following to or for a person listed on Form | (STEEN) | tes | NO |
| Ia | 990, Part VII, Section A, line 1a. Complete Part III to p | | | | |
| | First-class or charter travel | Housing allowance or residence for personal use | 3 | | |
| | Travel for companions | Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments | Health or social club dues or initiation fees | | | |
| | Discretionary spending account | Personal services (such as maid, chauffeur, chef) | | | |
| | | | | | ar folia |
| b | If any of the boxes on line 1a are checked, did the org | | | | |
| | or reimbursement or provision of all of the expenses dexplain | | 1b | | |
| | CAPICITY & A REPORT OF THE REPORT OF THE | A. | 01 JA | | |
| 2 | Did the organization require substantiation prior to rein | mbursing or allowing expenses incurred by all | | | |
| | directors, trustees, and officers, including the CEO/Ex | | | | |
| | 1a? | | 2 | | MC HCC |
| 3 | Indicate which, if any, of the following the organization | used to establish the compensation of the | | | |
| Ū | organization's CEO/Executive Director. Check all that | apply. Do not check any boxes for methods used by a | | | |
| | related organization to establish compensation of the | | | 5124 | |
| | Compensation committee | Written employment contract | | | |
| | Independent compensation consultant | X Compensation survey or study | | | |
| | Form 990 of other organizations | X Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed on Form 990 | art VII. Section A line 1a with respect to the filing | | | |
| 7 | organization or a related organization: | artin, occupity, into ra, warrespect to the iming | | | |
| а | Receive a severance payment or change-of-control pa | | 4a | | X |
| b | Participate in or receive payment from a supplementa | I nonqualified retirement plan? d compensation arrangement? | 4b 4c | | X |
| С | If "Yes" to any of lines 4a–c, list the persons and provi | de the applicable amounts for each item in Part III | | on V | Region) |
| | | | | | |
| _ | Only section 501(c)(3), 501(c)(4), and 501(c)(29) or | | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, li compensation contingent on the revenues of | ne 1a, did the organization pay or accrue any | | 1/1/5 | |
| а | The organization? | | 5a | SECTION SEC | Х |
| b | Any related organization? | | 5b | 110000000 | X |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | (beat) | 0.2 |
| 6 | For persons listed on Form 990, Part VII, Section A, li | ne 1a, did the organization pay or accrue any | | | X IV- |
| | compensation contingent on the net earnings of: | | | | |
| a | The organization? | | 6a 6b | | X |
| b | Any related organization? If "Yes" on line 6a or 6b, describe in Part III. | | 00 | Day. | |
| | | | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, li | ne 1a, did the organization provide any nonfixed | _ | | |
| 8 | payments not described on lines 5 and 6? If "Yes," de | scribe in Part III | 7 | i | X |
| 0 | to the initial contract exception described in Regulation | ons section 53.4958-4(a)(3)? If "Yes," describe | | | |
| | | | 8 | | X |
| | | | | 1000 | |
| 9 | If "Yes" on line 8, did the organization also follow the | rebuttable presumption procedure described in | 9 | | |
| | Regulations section 53.4958-5(C)/ | क्षा (का का का का का का का अब | | 1 | |

Schedule J (Form 990) 2023

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

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.

| Instructions, on row (ii). Do not list any intuitionals user are instead on Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the | st arry individua i) for each listed i | individual must equal t | the total amount of Forn | rm 990, Part VII, Sect | on A, line 1a, applica | ble column (D) and (| total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. | Jividual. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|--------------------------------------------------------------------|-------------------------------------------|------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| | | (B) Breakdown of W-2 | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | 99-NEC compensation | (C) Retirement and | (D) Nontaxable | | (F) Compensation |
| (A) Name and Title | 4 | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred | benefits | (a)-(j)(g) | in column (B) reported as deferred on prior Form 990 |
| Brian Holt | 0 | 169,163 | 1,485 | 762 | 8,145 | 17,038 | 196,59 | |
| 1 President/CEO | | | | | | | 0 | |
| 2 | SE | | | | | | | |
| m | (E) | X S | | | | | | |
| 4 | © (E) | 173 | | | | | | |
| ĸ | € € | | : (J) | | | | | |
| Q | € € | | | | | | | # # # # # # # # # # # # # # # # # # # |
| 0 | 0 | | ٧ | 4 | | | | |
| 7 | Ē | | | | | | | |
| 80 | E | | | | | | | |
| თ | € € | | | (1) | 7 | | | |
| 10 | € € | | | | (0) | | | |
| - | (E) | | | | D | | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | |
| 12 | (E) | | | | | | ************************************** | |
| 13 | (E) | | | | | | | |
| 41 | (i) | | | | | 7) | | |
| 15 | (E) | | | | | | | |
| 16 | © (I) | | | | | | | |

Schedule J (Form 990) 2023

| | 20000 | o o o o o o o o o o o o o o o o o o o |
|--------------------------|-------|---------------------------------------|
| Supplemental Information | | |

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Employer identification number

71-0595593 Hope Cancer Resources Part I Types of Property (c) (a) (b) Noncash contribution Check if Number of contributions or Method of determining amounts reported on items contributed noncash contribution amounts applicable Form 990, Part VIII, line 1g 2 Art—Historical treasures . . . Art-Fractional interests . . . 4 Books and publications 5 Clothing and household 6 Cars and other vehicles 7 Boats and planes Intellectual property 8 9 Securities—Publicly traded . 10 Securities—Closely held stock Securities—Partnership, LLC, 11 12 Securities-Miscellaneous . . 13 Qualified conservation contribution-Historic 14 Qualified conservation contribution-Other 15 Real estate—Residential . . . 16 Real estate—Commercial . . . 17 Collectibles 18 19 20 Drugs and medical supplies 21 22 23 Scientific specimens 24 Archaeological artifacts 85,147 FMV 25 Other (Prizes/Auction) 240 26 27 Other (28 Other (Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required 30a Х **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 X

b If "Yes," describe in Part II.

checked, describe in Part II.

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

If the organization didn't report an amount in column (c) for a type of property for which column (a) is

Х

32a

| Schedule M (Fo | | 71-0595593 | Page 2 |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------|
| Part II | Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and the organization is reporting in Part I, column (b), the number of contributions, the number or a combination of both. Also complete this part for any additional information. | 33, and whe | ether |
| | | | |
| | | | |
| | | | |
| | | | ******* |
| | | | |
| | | | |
| | <u> </u> | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | / \ ' | | |
| | | | |
| | | | ••••• |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | ************ | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | (/1 | | |
| | | | |
| | | ************ | |
| ~~~~~ | V / | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | ********** | |
| | | | |
| | | | |
| | | | |
| | | | |

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Hope Cancer Resources 71-0595593

| Form 990, Part III, Line 4d: Program Service Expenses: 78,331, Grants and allocations: 0, |
|-------------------------------------------------------------------------------------------------|
| Revenue: 0 Hope Cancer Resources Provides free interpretation and various other programs . |
| Form 990, Part VI, Section B, Line 11b: The return was reviewed by the Organization prior to |
| being filed. |
| Form 990, Part VI, Section B, Line 12c: Any apparent conflicts which arise are discussed with |
| that person and/or disclosed to the board of directors. |
| Form 990, Part VI, Section B, Line 15: A third party was hired to conduct an independent |
| salary administration program including all positions. |
| Form 990, Part VI, Section C, Line 19: Documents are available upon request. |
| Form 990, Part III, Line 4d: Hope Cancer Resources Provides free interpretation and various |
| other programs . |
| Form 990, Part VIII, Line 8c: Hope Cancer Resources' events (Gentlemen of Distinction and |
| Battle for Hope) generated \$374,701 of revenue in total for the year. As is reported in Part |
| Il of Schedule G, \$374,701 resulted from event 'contributions' which amount is not included in |
| reporting the results from these events. The net result is that these events show a loss of |
| (\$127,296) in 2023, which, in fact, the events actually generated a positive net income of |
| \$247,405. |
| Form 990, Part IX, Line 25: Program services made up 65.8% of Hope Cancer Resources total |
| expenses for 2023 with management and general expenses accounting for 27.5% and fundraising |
| expenses 6.7%. This compares to 2022 results of 69.1% program services, 20.1% management and |
| general, and 10.8% fundraising. |
| |
| |
| |
| ••••••••••••••••••••••••••••••••••••••• |

| Schedule O (Form 990) 2023 | Page 2 |
|----------------------------------------|-----------------------------------------|
| Name of the organization | Employer identification number |
| Hope Cancer Resources | 71-0595593 |
| | |
| | |
| | |
| | *************************************** |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | / / / |
| | |
| | |
| | |
| | |
| | |
| | 4.4 |
| | |
| | |
| | |
| ······································ | 4 |
| | |
| C . | |
| | |
| | |
| | |
| | |
| .() | |
| | |
| X | |
| | |
| | |
| 0, | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Related Organizations and Unrelated Partnerships

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

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

Open to Public OMB No. 1545-0047

Employer identification number Inspection

71-0595593 Hope Cancer Resources

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

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2023 ž × Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had entity? Yes (f)
Direct controlling
entity (e) End-of-year assets ž Public charity status (if section 501(c)(3)) 1 - Type 1 (d) Total income (d) Exempt Code section (c) Legal domicile (state or foreign country) 501 (c) (3) Legal domicite (state or foreign country) Primary activity AR Financial Support for the programs and services one or more related tax-exempt organizations during the tax year. Primary activity Name, address, and EIN (if applicable) of disregarded entity (1) Hope Cancer Resources Foundation 31-1637431 Name, address, and EIN of related organization 5835 W Sunset Ave Springdale, AR 72762 Part II Ξ 2 <u>ල</u> (5) 2 **a** 9 ල 4 9 9

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

Page 2

71-0595593

Hope Cancer Resources

Schedule R (Form 990) 2023

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 Part III

(i) Section 512(b)(13) Percentage ownership ŝ controlled 3 Yes Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part (j) General or managing partner? ž (h) Percentage Yes ownership (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) end-of-year assets (g) Share of (h)
Disproportionate
allocations? ž (f) Share of total Yes IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year income (g) Share of end-ofyear assets (e)
Type of entity
(C corp, S corp, or trust) because it had one or more related organizations treated as a partnership during the tax year. (f) Share of total income (d) Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (state or foreign country) (c) Legal domicile (d)
Direct controlling | Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity (a) (a) Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV (2) 0 0 Ξ 3 4 9 9 Ξ (2) 3 **£** 9 (5)

Schedule R (Form 990) 2023

Hope Cancer Resources

Schedule R (Form 990) 2023

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

Page 3

71-0595593

| Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule. | | | | Yes | oN si | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------|-----|
| 1 During the tax year did the organization engage in any of the following transa | following transactions with one or more related organizations listed in Parts II-IV? | nizations listed in Parts | - \. | | | 100 |
| figure (ii) to solitary (iii) soliting on (iii) to to (iii) to to (iii) to to (iii) | llad entity | | 30 30 | 19 | × | ı |
| | | · · · · · · · · · · · · · · · · · · · | | 4 | × | Ť |
| b Giff, grant, or capital contribution to related organization(s). | | | #11 #11 #12 #15 | 2 . | < - | 1 |
| c Gift, grant, or capital contribution from related organization(s). | 法证 法医法医法院法院法院法院法 | | * 100 × 100 × 50 | JC X | | 1 |
| d Loans or loan quarantees to or for related organization(s) | | | # # # # # # # # # # # # # # # # # # # | 1d | × | - 1 |
| (a) acitoria manufacturi de la contraction de la contraction (a) | | | 3 3 3 3 3 | 10 | × | |
| e Loans of loan guarantees by lengted byganization(s). | | | | | | 100 |
| 6 Dividends from related accomination (6) | | - 10 | 13 13 13 13 14 | 14 | × | ĭ |
| Dividents not related organization of | 起 经税 机热剂 医甲状状状 医乳状 医乳 | 化甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基 | | | > | 1 |
| g Sale of assets to related organization(s) | | | 经现金额 医 | 1g | < - | 1 |
| h Purchase of assets from related organization(s) | | | | 4 | \times | 1 |
| | | | * 36 * 00 * 00 | 1i | × | |
| i Lease of facilities equipment or other assets to related organization(s) | | | 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 | 1. | × | |
| | | | | | | 125 |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k X | | 1 |
| Performance of services or membership or fundraising solicitations for | related organization(s). | | | 41 X | | PΠ |
| m Performance of services or membership or fundraising solicitations by related | tions by related organization(s). | | | 1m | × | |
| Sharing of facilities equipment mailing lists or other assets v | rganization(s) | | | 1n × | | 1 |
| | | | | - | | 1 |
| o sharing or paid employees with related organization(s) | | | 9 | 100 | S. S. Prinking | 100 |
| | | | | | > | 1 |
| p Reimbursement paid to related organization(s) for expenses. | | | | 2 | : | Ť |
| q Reimbursement paid by related organization(s) for expenses. | | 经股份 医医院 医线线 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 19 | × | 1 |
| | | | | | | 500 |
| r Other transfer of cash or property to related organization(s). | | | | 1- | × | 1 |
| | | SE M 10 M W 18 M 18 M 18 M | (2)(3)(4)(5)(4)(5)(6)(7)(7)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)(8)< | 1s | × | 1 |
| If the answer to any of the above is "Yes," see the instructions | for information on who must complete this line, inclu | cluding covered relationships | ips and transaction thresholds | thresholds | <i>'</i> 6 | 1 |
| | | (c) | | (r | 1 | ľ |
| Name of related organization | type (a—s) | Paylonii ilinoilik | Metilod of determining amodits involved | mg amoduse mis | D | |
| (1) Hone Cancer Resources Foundation | O | 2,887,000 | Cash | | | 1 |
| | - | | Cash | | | ſ |
| (2) Hope Cancer Resources Foundation | * | 247,404 | | | | 1 |
| (3) Hone Cancer Resources Foundation | | 103,000 | Cash | | | (1) |
| | | | Cash | | | 1 |
| (4) Hope Cancer Resources Foundation | 0 | 196,593 | | | | 1 |
| (5) | | | | | | Ť |
| | | | | | | 1 |
| | | | Schedule | Schedule R (Form 990) 2023 | 90) 2023 | 8 |

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

Percentage ownership S Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets å (i) General or managing partner? Yes Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h)
Disproportionate
allocations? ŝ Yes (g) Share of end-of-year assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (f) Share of total income 0 (e)
Are all partners section 501(c)(3) organizations? Yes No Predominant income (related, unrelated, excluded from tax under sections 512-514) (c)
Legal domicile
(state or foreign
country) Primary activity Name, address, and EIN of entity (10) (11) (12) (13) (14) (12) (16) (3) 4 (9) 0 8 6 Ξ (2) (5)

Schedule R (Form 990) 2023

| Schedule R (For | m 990) 2023 | Hope Cancer Resources | 71-0595593 | Page 5 |
|-----------------|-------------|----------------------------------------------------------------------------------------------|----------------------------------------|------------|
| D | Supplem | Hope Cancer Resources ental Information | | |
| Part VII | Provide a | dditional information for responses to questions or | Schedule R. See instructions, | |
| | | * ** | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | () | |
| | | | | |
| | | | | |
| | | *************************************** | | |
| | | | | |
| | | | ~~ | |
| | | • 4 | | |
| | | | * | |
| | | | > | |
| | | | | |
| | | | | |
| | | | | |
| | | • | | |
| | | | | |
| | | ••• | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | ****** |
| | | X W | | |
| | | | | |
| | | | | |
| | | | | ********** |
| | | < V) | | |
| | | 7 | | |
| | A A | | | |
| | | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | |
| | | | | |
| ********** | | *************************************** | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | x 4ers exc es. (TO TO REPARAMENTATO TO TO TO TOTO COT TO T | | |
| | | | | |
| | | | | |

Unrecaptured Section 1250 Gain (4797)

| Description of Section 1250 property | Smaller of line 22 or 24 | Line 26g | Difference |
|--------------------------------------|-----------------------------|----------|------------|
| 1 2017 Honda Odyssey EXL | 7,469 | 0 | 7,469 |

| hts reserved. | |
|------------------|--|
| | |
| censors. A | |
| iates and | |
| its affil | |
| and/or | |
| č | |
| Systems | |
| T ₂ X | |
| Iniversal | |
| © 2024 | |
| | |

| 0 0 0 0 |
|---------|
|---------|