Form **990**

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 2020

Department of the Treasury

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

Open to Public Inspection

A	For the	2020 calendar v	ear, or tax year beginn	ina	07-0	1 , 2020, a	nd endi	ng	06	5-30 , 20 21
		applicable:	C Name of organizationHO							oyer identification number
\neg				E MINIDINIDE	01 2411011 1100				•	72-1245521
_	Address c	_	Doing business as				Room/suit	<u> </u>	E Teleni	hone number
一	Name cha	-	Number and street (or P.C		ed to street address)		Roomsan	.6	L TOTOP	(225) 355-0702
=	Initial retu		4643 WINBOURNE		<u> </u>	s receipts				
_		m/terminated	City or town, state or prov		oreign postal code					•
片.	Amended	return	BATON ROUGE, L. F Name and address of print						\$	1,574,268
ш.	Applicatio	on pending								
		E	Same as C abov							
1	Tax-exem	pt status: X 501	(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527				st. See instructions
	Website:				1			H(c) Group		
			poration Trust Asso	ociation Other		Year of formation	on: 200	3 M	State of leg	gal domicile: LA
Pa	rt I	Summary								
	1	•	he organization's missio							ISHED FAMILIES AT
ė			OMELESSNESS IN							
Activities & Governance		PANTRY, WOR	RKFORCE DEVELOP	MENT AND COM	MUNITY EDUCATI	ON, INCL	UDING	FINANC	IAL L	ITERACY AND
ern	ļ		ARENESS TRAININ							
Š	2		if the organization							1
ن مخ	3		g members of the govern			• • • • •				16
S	4	Number of indep	endent voting members	of the governing bo	dy (Part VI, line 1b)					16
Ξ	5	Total number of i	individuals employed in	calendar year 2020	(Part V, line 2a)	• • • • •	• • • •	• • • • •		15
cti	6		volunteers (estimate if n	**	· · · · · · · · · · · · · · · · · · ·				. 6	180
٩	7a		usiness revenue from P						. 7a	0
	b	Net unrelated bu	siness taxable income f	rom Form 990-T, Pa	ırt I, line 11		<u></u>	• • • • •	. 7b	0
								Prior Year		Current Year
	8		d grants (Part VIII, line 1					1,434	4,376	1,491,299
ï	9	Program service	revenue (Part VIII, line	2g)			•	13'	7,066	81,271
Revenue	10	Investment incom	ne (Part VIII, column (A), lines 3, 4, and 7d)					1,329	1,698
Re	11	Other revenue (F	Part VIII, column (A), line	es 5, 6d, 8c, 9c, 10d	;, and 11e)		•			0
	12	Total revenue - a	add lines 8 through 11 (m	nust equal Part VIII,	column (A), line 12)		•	1,57	2,771	1,574,268
	13	Grants and simil	ar amounts paid (Part I)	(, column (A), lines	1-3)		•	46	6,061	283,860
	14	Benefits paid to	or for members (Part IX,	column (A), line 4)						0
,	15	Salaries, other c	ompensation, employee	benefits (Part IX, c	olumn (A), lines 5-10)			62	6,370	675,421
Se	16a	Professional fund	draising fees (Part IX, co	olumn (A), line 11e)			•			0
Expenses	b	Total fundraising	expenses (Part IX, colu	ımn (D), line 25)	>	34,256				
ᄍ	17	Other expenses	(Part IX, column (A), lin-	es 11a-11d, 11f-24e)		•	320	0,987	315,025
	18	Total expenses.	Add lines 13-17 (must e	equal Part IX, colum	n (A), line 25)		•	1,41	3,418	1,274,306
	19	Revenue less ex	penses. Subtract line 1	8 from line 12 .				15	9,353	299,962
٥.	Ses						Begi	nning of Cun	rent Year	End of Year
Net Assets or	돌 20	Total assets (Par	rt X, line 16)				•	1,57	2,776	1,782,637
Ass	21	Total liabilities (P	Part X, line 26)				-	16	0,933	70,832
S S	들 22	Net assets or fur	nd balances. Subtract li	ne 21 from line 20				1,41	1,843	1,711,805
Pa	art II	Signature	Block		•					
			that I have examined this retur				of my knowl	edge and beli	ief, it is	
true	, correct,	and complete. Declara	tion of preparer (other than one	cer) is based on all morn	ation of which preparer has	any knowledge.			T	
		JANET :	SIMMONS	_						
Siç	jn	Signature of	officer						Da	ate
He	re	JANET :	SIMMONS, PRESID	ENT & CEO						
		Type or print	name and title							
		Print/Type prepare	er's name	Preparer's signature		Date		Check	X if	PTIN
Pa			McKowen, CPA			11-15-20)21	self-er	mployed	P00839591
Pre	epare	Firm's name	John L.	McKowen, CPA			F	irm's EIN	•	
Us	e Onl	y Firm's address ▶	2178 Myr	tle Avenue			ı	Phone no.		
			Baton Ro	uge LA 70806					225-	-615-7844
May	the IR	S discuss this retu	ım with the preparer sho	wn above? (see ins	tructions)					Yes X No

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			l
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
٠	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			1
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ū	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			ĺ
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7	the environment, historic land areas, or historic structures? # "Yes," complete Schedule D, Part II	7		х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
8		8	1	x
_	complete Schedule D, Part III	├ —		_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	9		
	debt negotiation services? If "Yes," complete Schedule D, Part IV			X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	-10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.	14.3	1	1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44.		
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	446		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more		1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	 	<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1446		l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	├
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If		ļ	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	├	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	Х
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	1		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	١		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	├	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	١		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			1
	If "Yes," complete Schedule G, Part III	19	 	X
20 a	9	20a	 	X
b	• • • • • • • • • • • • • • • • • • • •	20b	-	+
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	X

Par	Checklist of Required Schedules (continued)		T	
	The state of the state of the state of the secretary of the secretary of the secretary of the state of the secretary of the s		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	x	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		x
	employees? If "Yes," complete Schedule J			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		1	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a	i	x
	through 24d and complete Schedule K. If "No," go to line 25a	24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	2.40		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
	to defease any tax-exempt bonds?	24d		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	244		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a]	•
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	056		
	If "Yes," complete Schedule L, Part I	25b		_х_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	li		ı
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			ı
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			ı
	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 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			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
00	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
32	complete Schedule N, Part II	32		x
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			-
34	or IV, and Part V, line 1	34		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(15)?	-000		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35b		х
	Controlled entity within the meaning of section 312(b)(10): ii 103, complete sense iii 1, and 1	335		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes." complete Schedule R, Part V, line 2	36		
	,	30		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		.,
	and that is treated as a partnership for rederal income tax purposes? If Tes, complete Schedule 11, 1 art 11	31		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	<u> </u>
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	• • •	 Tv	ᆛᆛ
		87 X 30 7"	Yes	No
1 a		-		
b				
С		28000		1
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Form	990 (2020) HOPE MINISTRIES OF BATON ROUGE 72-12	45521		Page 5
Par	Tour Compliance (
	1 1	<u></u>	Yes	s 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	15		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	· · 2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	• •		ļ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		+	<u> </u>
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,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<u> </u>	Х
b	If "Yes," enter the name of the foreign country	_		1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
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	j		
•	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).	Į. Ša.		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1.57 9.28		
а	and services provided to the payor?	7a		х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	,	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
С	required to file Form 8282?	70	:	l x
	If "Yes," indicate the number of Forms 8282 filed during the year		f. Est.	
d	ii res, indicate the number of forms ozoz mod daring the year.	7e	,	х
e	Dig the organization receive any lunus, directly of indirectly, to pay premiums on a personal personal personal			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			x
g	If the organization received a contribution of qualified intellectual property, did the organization file a form 1003 as required.	Th		x
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		+	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	l		
	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	9		
а	Did the sponsoring organization make any taxable distributions under section 4966?	91	-	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		-	
10	Section 501(c)(7) organizations. Enter:	en.		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	188		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			*
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			i
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13	a	
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	i		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14	D	
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?	1	5	X

16

16

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form	990 (2020) HOPE MINISTRIES OF BATON ROUGE 72-12455			age 6
Par	TVI 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 in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI	• • • •	• • •	<u>. X</u>
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	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, or 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		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
<i>,</i> a	one or more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,		-	
b	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ü				
_	the year by the following:	8a	х	
a	The governing body?	8b	X	1
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
800	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			1
560	tion B. Foncies (This Section B requests information about policies not required by the internal records excess)		Yes	No
40-	Did the association have level chapters, branches or affiliator?	10a		x
10a	Did the organization have local chapters, branches, or affiliates?			<u>^</u>
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
		11a	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	114	^	115-2-000
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	w	1 3 3 4 5 1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • • • •	125	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
	describe in Schedule O how this was done	12c	X	+
13	Did the organization have a written whistleblower policy?		X	-
14	Did the organization have a written document retention and destruction policy?	14	X	-
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450		
a	The organization's CEO, Executive Director, or top management official	15a	X	+
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-	is to the	
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	L	J
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	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			
	TANET STEMONS (225)355-0702 4643 WINROURNE AVENUE Baton Rouge, LA 70805			

Page 7

-- ----

Form 990 (2020) HOPE MINISTRIES OF BATON ROUGE 72-1245321	
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees	, and
Independent Contractors	_
Check if Schedule O contains a response or note to any line in this Part VII	<u> Ц</u>

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any					C)					
(A) Name and title	(B) Average hours per week	box,	unles	Pos eck m s per:	ition ore th	nan one s both an /trustee)	-	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) JANET SIMMONS	40.00									2 222
PRESIDENT & CEO			\vdash	Х	_	Х		85,006	0	8,992
(2) KYLE_HANCOCK	1 .00									0
DIRECTOR		X	\vdash	_				0	0	0
(3) STEWART SPIELMAN	1.00									•
DIRECTOR		Х						0	0	0
(4) ROB FAIRLY										•
DIRECTOR		X	\vdash	_				0	0	0
(5) SAMUEL JAMES									0	0
TREASURER	1.00	Х	\vdash					0	U	
(6) WES MILLER	1.00								0	0
DIRECTOR		Х	\vdash	_				0_	U	
(7) MARK LAMBERT	1.00	1								0
DIRECTOR		Х							0	0
(8) REV. JAN HOLLOWAY CURWICK	1 .00									0
DIRECTOR		Х			_			0_	0	0
(9) KIMBERLY PLANT	2.00							1		•
IMMEDIATE PAST CHAIR		х	\vdash		\vdash			<u> </u>	0	0
(10)MICHELLE CARIERE	2.00									•
CHAIR		х	\vdash					0	0	0
(11)OMER DAVIS	1.00	1						_		_
DIRECTOR		Х			-			0	0	0
(12)WARREN BIRKETT	1.00	l .								_
DIRECTOR		Х	\vdash	_	<u> </u>	 -	 	0	0	0
(13)DAVID_BEACH	1.00	1								_
DIRECTOR		X	-		_	ļ	 	0	0	0
(14)CHERYL KIRCHOFF	1.00	I .						_		_
DIRECTOR		Х	لــــا		L		<u> </u>	0		Form 990 (2020

Part '	VII Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd F	łigh	est (Compe	ensa	ted Employees (c	ontinued)	
					1	(C)					
	(A)	(B)				sition			(D)	(E)	(F)
	Name and title	Average					nan one s both ar		Reportable	Reportable	Estimated amount
	Name and the	hours					/trustee)		compensation	compensation	of other
		per week						from the	from related	compensation	
		(list any	2 5	5	0	_	ΩI	7	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
		hours for	di di	stitu	Officer	Key employee	nplo	Former	(***2**********************************	(71 = 1000 111100)	related organizations
		related organizations	cc dual	tion	7	npk	st cc	4			
		below	Individual trustee or director	institutional trustee		yee	mp.				
		dotted line)	8	stee			Highest compensated employee				
							æ				
(45) 077	UNION VIDUDI EDIOV	2.00						_			
	ANNON KIRKPATRICK	<u>- 2 . 00</u>							0		0 0
SECRE		1 00	X		_	┢			<u> </u>		"
	/MARK_ELLIS	1.00								,	0 0
DIREC			X		_	\vdash			0		0 0
(17)CH	RISTINE_KEENAN	2 .00	l						_		
	CHAIR		X						0		0 0
<u>(18) </u>											
		ļ		<u> </u>	ļ	<u> </u>		\vdash			
(19)											
							ļ	_			
(20)											
					ļ						
(21)											
						<u> </u>					
(22)											
					<u> </u>	ļ		<u> </u>			
(23)		L			ŀ						
							ļ				
(24)						l					
(25)											
				l	<u> </u>		l				
1b	Subtotal	• • • • •	• • •					٠ •			
C	Total from continuation sheets to Part VII, Sect	ion A .						٠ 🕨			
d	Total (add lines 1b and 1c)										0 8,992
2	Total number of individuals (including but not limite	d to those list	ted abo	ove)	who	rec	eived r	nore	than \$100,000 of		
	reportable compensation from the organization	<u> </u>								-	
											Yes No
3	Did the organization list any former officer, director	, trustee, key	emplo	yee,	or h	ighe	st com	pens	sated		
	employee on line 1a? If "Yes," complete Schedule S	l for such indi	ividual								3 <u>x</u>
4	For any individual listed on line 1a, is the sum of re	portable com	pensa	tion	and	othe	er com	pens	sation from the		
	organization and related organizations greater than	\$150,000? #	"Yes,	' con	nplei	te Sc	chedule	Jfo	or such		
	individual										4 x
5	Did any person listed on line 1a receive or accrue	compensatio	n from	any	unre	elate	d orga	nizai	tion or individual		
	for services rendered to the organization? If "Yes,"	-		-			-				5 x
Section	on B. Independent Contractors	•									
1	Complete this table for your five highest compensation	ated independ	lent co	ntra	ctors	s tha	t recei	ved	more than \$100,00	0 of	
	compensation from the organization. Report comp	=									r.
	(A)								(B)		(C)
	Name and business address	ss							Description of service	es	Compensation
								\Box			
								Π			
2	Total number of independent contractors (including	but not limit	ed to t	nose	liste	ed al	oove) v	who			
	received more than \$100,000 of compensation fro	=			>		•			- "	

Form 99	0 (202	(0) HOPE MINIS	STRIES C	FE	BATON ROUGE			72-12455	21 Page 9
Part \		Statement of Revenue							_
		Check if Schedule O contains a	a response o	or no	te to any line in this	Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns		1a	135,000				
	b	Membership dues		1b	133,000				
nts nts	c	Fundraising events		1c		- 10 mg (17)			
ະ ວັ	d	Related organizations		1d					
ifts, r Ar	e	Government grants (contributions		1e	392,157				
ភ, ភូឌ	f	All other contributions, gifts, gran							
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included		1f	964,142				
ibut	g	Noncash contributions included in	n [alegio i della			
agt.		lines 1a-1f	[1g	\$				
ŭ ä	h	Total. Add lines 1a-1f				1,491,299			
					Business Code				
ą.	2a	SOCIAL ENTERPRISE			900099	81,271	81,271		
Program Service Revenue	b					.,			
	С								
am Seve	d								
29.	e								
ā.	1	All other program service revenue				01 071			i læster i det en er
	 	Total. Add lines 2a-2f				81,271			SCHOOL SEE TO SERVED
	3	Investment income (including divident other similar amounts)				1,698	1,698		
	4	Income from investment of tax-ex	empt bond p	oroce	eds · · · ▶				
	5	Royalties			<u></u> ▶				
			(i) Real		(ii) Personal				
	6a	Gross rents 6a							
	1	Less: rental expenses 6b							
		Rental income or (loss) 6c							
		` / [acutation and found to	100100		
	7a	Gross amount from	(i) Securities	5	(ii) Other				
		sales of assets other than inventory 7a							
	h	Less: cost or other basis							
e	-	and sales expenses 7b							
ēni	c	Gain or (loss) 7c							
Other Revenu	1	Net gain or (loss) · · · · · ·			·				
Je.	1	Gross income from fundraising							
₹		events (not including \$							
	ļ	of contributions reported on line							
		1c). See Part IV, line 18	• • • • •	88					
	1		• • • • •	81	<u> </u>	45 Z. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
		Net income or (loss) from fundrais	sing events	<u> </u>		Baggrave Charles of Charles of Artis			A CALL TO SALES
	9a	Gross income from gaming							
	١.	activities, See Part IV, line 19		9a 9t					
		Less: direct expenses Net income or (loss) from gaming			-	<u> </u>		+ 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
			activities	Ė.					
	TUA	Gross sales of inventory, less returns and allowances		10	a				
	ь			10					
	1	Net income or (loss) from sales o			▶		1	<u> </u>	
	1	,			Business Code	10 m 10 m 10 m 10 m 10 m 10 m 10 m 10 m			
S	11a								
ano nue	b								
Miscellanous Revenue	C								
<u> </u>	d	All other revenue		• •					
					· · · · · · · · •				
	12	Total revenue. See instructions				1,574,268	82,969	0	0

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 a ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		· · · · · · · · · · · · · · · · · · ·		
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22	283,860	283,860		
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	85,006	58,657	17,584	8,765
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · · ·				
7	Other salaries and wages	514,664	475,411	29,190	10,063
8	Pension plan accruals and contributions (include	322,002			
0	section 401(k) and 403(b) employer contributions)	13,906	12,248	1,112	546
9	Other employee benefits	15,037	13,529		363
-	Payroll taxes	46,808	41,798	3,636	1,374
10	•	40,000	42,150	3,000	
11	Fees for services (nonemployees): Management				
a	•				
b	Accounting	23,260	20,892	1,803	565
C		23,260	20,692	1,005	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	-			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	40.050	42 500	2,938	1,603
	(A) amount, list line 11g expenses on Schedule O.)	48,050	43,509	2,936	1,003
12	Advertising and promotion	40.044	20.606	F 707	2,938
13	Office expenses	48,341	39,696	5,707	<u>2,938</u> 797
14	Information technology	15,105	10,666	3,642	191
15	Royalties		16.606	5 522	5.60
16	Occupancy	22,701	16,606	5,533	562
17	Travel	9,411	5,008	4,286	117
18	Payments of travel or entertainment expenses	1			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates			90,000	
22	Depreciation, depletion, and amortization	38,932		38,932	
23	Insurance	26,363	or satisfaction in the same	26,363	
24	Other expenses. Itemize expenses not covered		Section 2014		
	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.)				<u> </u>
а	FUND DEVELOPMENT	117			117
þ	TELEPHONE	9,067	8,076	1	338
С	PROFESSIONAL DEVELOPMENT	11,237	8,604		2,134
d	PROGRAMMING	38,440	38,440		
е	All other expenses	24,001	8,736		3,974
25	Total functional expenses. Add lines 1 through 24e	1,274,306	1,085,736	154,314	34,256
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				
EEA	following SOP 98-2 (ASC 958-720)				Form 990 (2020)

Form 990 (2020)

Balance Sheet Part X (B) (A) End of year Beginning of year 1 55,337 62,531 Cash - non-interest-bearing 2 3 135,000 Pledges and grants receivable, net 3 98,813 229,033 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 8,578 8,578 Inventories for sale or use 8 q 5,693 9 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other 10a | 10a 1,200,718 basis, Complete Part VI of Schedule D 10c 904,083 849,199 296,635 11 11 12 575,133 Investments - other securities. See Part IV, line 11 423,435 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Other assets. See Part IV, line 11 15 15 16 1,782,637 1,572,776 Total assets. Add lines 1 through 15 (must equal line 33) 16 17 70,832 Accounts payable and accrued expenses 65,973 17 18 18 19 19 Deferred revenue 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 94,960 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 70,832 160,933 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 1,054,379 683,329 Net assets without donor restrictions 27 728,514 657,426 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here ▶ 🗌 and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 1,411,843 32 1,711,805 32 1,782,637 1,572,776 Total liabilities and net assets/fund balances

990 (2020) HOPE MINISTRIES OF HATON ROUGE 72 1				-
t XI Reconciliation of Net Assets				_
10.00				
Total expenses (must equal Part IX, column (A), line 25)		1,2	274,	306
			299,	962
		1,4	111,	843
Donated services and use of facilities				
Prior period adjustments				
		_		0
	0	1,	711,	805
				<u>. П</u>
			Yes	No
Accounting method used to prepare the Form 990: Cash X Accrual Other			8	1.00
If the organization changed its method of accounting from a prior year or checked "Other," explain in				1 1 2 2 2 2
		2a		х
		11 to 100		3,000
		2b	х	ĺ
		53.53	troja:	
	1	1.0		
	ľ			
				İ
		2c	х	
	Ī			
	,		sweet 1	
- · · · · · · · · · · · · · · · · · · ·		3a		x
· · ·				
		3b		
required dudit or dudito, explain why on contends o and decombe any steps taken to undergo such dudite.			990 (2	2020)
	Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part XIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments 5 Tonaled services and use of facilities 6 Investment expenses 7 Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 11 1XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12)	Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part XII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Total expenses (must equal Part IX, column (A), line 25) Total expenses (must equal Part IX, column (A), line 25) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Total expenses on investments Set assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Sonated services and use of facilities Gallouter (A) Investment expenses Total expenses Total expenses Total expenses Total expenses (must equal Part X, line 32, column (A)) Ret assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Ret assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Ret assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Ret assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Ret assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Ret assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Ret assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Ret assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Ret assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B) Ret assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B) Ret assets or fund balances at end of y

SCHEDULE A (Form 990 or 990-EZ)

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 Inspection

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.

Employer identification number

i D	r M	INISTRIES OF BATON ROUGE				_	72-1245521	<u> </u>
	rt Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
		nization is not a private foundation beca						
1	֟ ֓֞֝֟	A church, convention of churches, or as)(i).		
2	П	A school described in section 170(b)(1						
3	Ħ	A hospital or a cooperative hospital ser						
4	П	A medical research organization opera				70(b)(1)(A)	(iii). Enter the	
-	_	hospital's name, city, and state:	•	•				
5	П	An organization operated for the benef	fit of a college or uni	iversity owned or operate	ed by a gove	ernmental u	ınit described in	
•	ш	section 170(b)(1)(A)(iv). (Complete Part II.)						
6	П	A federal, state, or local government or		described in section 170	(b)(1)(A)(v)			
7	X	An organization that normally receives					he general public	
•	551	described in section 170(b)(1)(A)(vi).		and copposition and govern			•	
8	П	A community trust described in section		Complete Part II.)				
9	Ħ	An agricultural research organization d			d in coniund	ction with a	land-grant college	
3	ш	or university or a non-land-grant college						
		university:	je or agriculture (see	c manachorio). Ernor mo	,,,,,,			
10	П	An organization that normally receives	: (1) more than 33 1	1/3% of its support from (contribution	s. member	ship fees, and gross	
	ш	receipts from activities related to its ex						
		support from gross investment income						
		acquired by the organization after June				(2),		
11	П	An organization organized and operate				1(4)		
'' 12	H	An organization organized and operate					arry out the purposes	
12	Ц	of one or more publicly supported orga						
		Check the box in lines 12a through 12						
	•	Type I. A supporting organization						
	а	the supported organization(s) the						
		supporting organization. You mus			, or are and		3,000 01 1.1.0	
	b		•		s sunnaried	organizatio	nn(s) by having	
	D	Type II. A supporting organization control or management of the sup						
		organization(s). You must compl			sons mai ce	/// OI OI IIIC	inage the supported	
		Type III functionally integrated.	-		rtion with a	nd function:	ally integrated with	
	С	its supported organization(s) (see					any intogration vitali,	
	đ		•	•	-	-	nted organization(s)	
	u	that is not functionally integrated.	•	•				
		requirement (see instructions). Yo		•			and an attentiveness	
		Check this box if the organization	•	•	•		ne II Twne III	
	e	functionally integrated, or Type III				, 19pc 1, 19	pe II, Type III	
		Enter the number of supported organiz		sgrated supporting organ				[
	g	Provide the following information about		anization(s)				
) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	roanization	(v) Amount of monetary	(vi) Amount of
	٧.	, realise of supported organization	(11) 2	(described on lines 1-10	1 ' '	ır governing	support (see	other support (see
				above (see instructions))	docum	ent?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
					 			
(D)								
(E)								
Tot:						ignores		
101	41		1. 1.0 (1.0 (1.0 (1.0 (1.0 (1.0 (1.0 (1.	 A STATE OF THE STA	er 🛊 i ji wasan 💎 i ji wasa	 Section 1.1 		i

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

	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	, 3,						
	membership fees received. (Do not						
	include any "unusual grants.")	1,057,854	1,086,827	684,642	1,434,376	1,631,642	5,895,341
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	1,057,854	1,086,827	684,642	1,434,376	1,631,642	5,895,341
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly	e challegadist		artificijas artika	Maria Maria di Salah		
	supported organization) included on				popular a series		
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						1,157,365
6	Public support. Subtract line 5 from line 4						4,737,976
Sec	ction B. Total Support	1					
	endar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1,057,854	1,086,827	684,642	1,434,376	1,631,642	5,895,341
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources		8,293	54,009	138,395	1,698	202,395
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
••	loss from the sale of capital assets					1	
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						6,097,736
12	• •	ee instructions)	• • • • • • •		12	0,00.,.00
	First five years. If the Form 990 is for the org						3)
	organization, check this box and stop here						
20	ction C. Computation of Public Suppo	rt Percentage	<u> </u>				
14				column (fl)		14	77.70 %
	Public support percentage from 2019 Sched						86.65 %
	33 1/3% support test - 2020. If the organiza						
100	box and stop here. The organization qualifie						
	33 1/3% support test - 2019. If the organiza						
•							
17:	this box and stop here . The organization qualifies as a publicly supported organization						
176	10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in						
	Part VI how the organization meets the facts						h.d
	organization			_			
	o 10%-facts-and-circumstances test - 2019.						_
'	5 10%-racts-and-circumstances test - 2019. 15 is 10% or more, and if the organization m						
	in Part VI how the organization meets the fa						
40	organization						· · · · · • ⊔
10							▶ □
	instructions						· · · · · - 🗀

Schedule A (Form 990 or 990-EZ) 2020 HOPE MINISTRIES OF BATON ROUGE

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

Support Constant of Significant	and the second s
(Complete only if you checked the box on line 1	0 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests	s listed below, please complete Part II.)

	tion A. Public Support		T			4 2 0000	40 Total
Cale	endar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an					•	
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)	2 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)					
	ction B. Total Support		,		1	T	(0 T-1-1
Cal	endar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975			ļ			
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on				ļ		
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	<u></u>					
13	Total support. (Add lines 9, 10c, 11,	1					
	and 12.)			5 Al 654h A		otion 501(a)(2)	
14	First 5 years. If the Form 990 is for the organ	nization's tirst,	secona, thira,	rouπn, or τιπη τα	ax year as a se	Clion 50 1(C)(S)	- □
_	organization, check this box and stop here						····
	ction C. Computation of Public Suppo			(f)		15	%
15	Public support percentage for 2020 (line 8,	column (t), div	ided by line 13,	, column (1))	• • • • • • •		
16	Public support percentage from 2019 Sched	ule A, Part III,	ine 15	• • • • • • •		10	
	ction D. Computation of Investment In	dome Perce	entage (6. divided by li	no 12 column	(f)) · · · · ·	17	%
17	Investment income percentage for 2020 (line	e 10c, column	(1), divided by II	rie 13, coluini	(1))		
18	Investment income percentage from 2019 S	cnequie A, Pa	n III, IIII C 17	n line 14 and li	ne 15 ie more t	han 33 1/3% an	
198	a 33 1/3% support tests - 2020. If the organiz	and star har	The organiza	tion qualifies s	e a nublicky eur	norted organizat	tion▶ 🗌
	17 is not more than 33 1/3%, check this box	and stop nere	s. The organiza	lion qualifics a line 14 or line 1	g a publicity suf Iga and line 16	is more than 33	
b	33 1/3% support tests - 2019. If the organiz line 18 is not more than 33 1/3%, check this	boy and ata-	here The erec	mization qualifi	es as a nublich	supported organ	nization ►
	line 18 is not more than 33 1/3%, check this	oox and stop	nere. The orga	a or 10h choc	es as a publicly ok this hov and	see instructions	▶
20	Private foundation. If the organization did r	iot check a bo	A OII IIIIE 14, 19	ם, טו ופט, נוופנ	in this box and	200 111011 40110110	

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

- 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), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
 - b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
 - c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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.
- 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 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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
2		
3a		
3b		-
3с		
4a		
4b	1	
4D 4c		
5a		
5b 5c		
6		
7		
8		
9a 9b	Ten 2	-
90		
10a		
10b		

	ule A (Form 990 or 990-EZ) 2020 HOPE MINISTRIES OF BATON ROUGE 72 1243322			 -
Par	rt IV Supporting Organizations (continued)		Yes	No
4.4	Has the organization accepted a gift or contribution from any of the following persons?	- 1405-14		
11	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
D	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		,	
C	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	origin. Principal		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			i i i i ja ja 111 m
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			A
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	30.02	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		interference	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2	godine i	
	supervised, or controlled the supporting organization.		·	
Sec	ction C. Type II Supporting Organizations		Yes	No
	the directors			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
	the supported organization(s).	٠-	<u> </u>	L
Sec	ction D. All Type III Supporting Organizations		Yes	No
	Division is attachmented as each of its supported organizations, by the last day of the fifth month of the			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	15.5		1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	100	
_	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	20.5		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	Ties.	A CARLESTA	
•	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2	A. 251 St.	├
3	a significant voice in the organization's investment policies and in directing the use of the organization's	3 447		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	6404.6	Land Side	
	supported organizations played in this regard.	3		
800	ction F. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructio	ns).	
a	m -			
	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization is the parent of control and the organization supported a government entity (so	ee ins	tructic	ns).
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			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	2000 T		
	those supported organizations and explain how these activities directly furthered their exempl purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		-
ı	b. Did the activities described in line 2a. above, constitute activities that, but for the organization's involvement,	13/12		1
	one or more of the organization's supported organization(s) would have been engaged in a rest, explain in			1
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	O.L		1
	these activities but for the organization's involvement.	2b	+	+
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		1	
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-		1
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		+-
1	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	21		
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard.	3b		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1		rust o	n Nov. 20, 1970 <i>(explain in l</i>	Part VI). See
	instructions. All other Type III non-functionally integrated supporting organization	ations	must complete Sections A	through E.
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7		7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4		4		
5		5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	y integ	rated Type III supporting or	ganization
	(see instructions).			

Pan	Y Type III Non-runctionally integrated 505(a)(5)	Supporting Organiz	ations (commode	"	
Section D - Distributions					
1	Amounts paid to supported organizations to accomplish exemp	ot purposes		1	
	Amounts paid to perform activity that directly furthers exempt p				
	organizations, in excess of income from activity			2	
	Administrative expenses paid to accomplish exempt purposes	of supported organizati	ons	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required) - pro	vide details in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	organization is respons	ive	اما	
	(provide details in Part VI). See instructions.			8	
	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	7***
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		Market Miles and All States	<i>2</i> -1	
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015			**(18.1	
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				, e
4	Distributions for 2020 from				
	Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.			A t	
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.			-	
8	Breakdown of line 7:				
а	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020			97	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No. 1545-0047

Employer identification number

72-1245521

HOPE M	OPE MINISTRIES OF BATON ROUGE 72-1245521					
Organization type (check one):						
Filers of:	:	Section:				
Form 990) or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Check if	your organization is covere	by the General Rule or a Special Rule.				
Note: Or instruction		or (10) organization can check boxes for both the General Rule and a Special Rule.	See			
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					
\mathbf{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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
990-EZ	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).					

Name of organization

Employer identification number

HOPE MINISTRIES OF BATON ROUGE

72-1245521

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	GREATER BATON ROUGE FOOD BANK 10600 SOUTH CHOCTAW DRIVE Baton Rouge LA 70815	\$\$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	HUMANA FOUNDATION P.O. BOX 740026 Louisville KY 40201	\$205,000 	Person R Payroll Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	LA DEPT OF CHILDREN AND FAMILY SERV 627 N 4TH STREET Baton Rouge LA 70801	\$	Person R Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4	CAPITAL AREA UNITED WAY 700 LAUREL STREET Baton Rouge LA 70802	\$178,282	Person Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5	HUEY AND ANGELINA WILSON FOUNDATION 3636 S. SHERWOOD FOREST BLVD Baton Rouge LA 70816	\$80,000	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6	U.S. SMALL BUSINESS ADMINISTRATION 409 3RD STREET SW Washington DC 20416	\$94,960 	Person R Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization
HOPE MINISTRIES OF BATON ROUGE

Employer identification number

72-1245521

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		
7	BATON ROUGE AREA FOUNDATION 100 NORTH STREET, SUITE 900 Baton Rouge LA 70802	\$58,500	Person R Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	,	\$	Person		

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.

OMB No. 1545-0047 2020

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

HOP	MINISTRIES OF BATON ROUGE		72-1245521
Pa		nds or Other Similar Funds or Acco	unts.
	Complete if the organization answered "Yes" on		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wri	ting that the assets held in donor advised	
3	funds are the organization's property, subject to the organization		Yes No
6	Did the organization inform all grantees, donors, and donor adv	. o onologico togal com ex	
0	only for charitable purposes and not for the benefit of the donor		
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	∏Yes ∏No
Pa	t II Conservation Easements.		
i a	Complete if the organization answered "Yes" or	n Form 990 Part IV line 7	
	Purpose(s) of conservation easements held by the organization		
1	= ' ' '		of a historically important land area
	Preservation of land for public use (e.g., recreation or educ	, =	of a certified historic structure
	Protection of natural habitat	☐ Fleseivation	or a certified ristoric structure
_	Preservation of open space		and a section
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a co	[
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a 2b
b	Total dollarge room of the second of the sec		
С	Number of conservation easements on a certified historic struct		20
d	Number of conservation easements included in (c) acquired aft	er 7/25/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the orga	anization during the
	tax year ►		
4	Number of states where property subject to conservation easer		
5	Does the organization have a written policy regarding the period		Пу. Пъ
	violations, and enforcement of the conservation easements it h	olds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conservat	tion easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handlin	g of violations, and enforcing conservation e	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	21.2 222.21. 1. 2(1.1/1.1/1.1/1.1/1.1/1.1/1.1/1.1/1.1/1.1		∐ Yes ∐ No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnote	e to the organization's financial statements t	hat describes the
	organization's accounting for conservation easements.		Other Similar Assets
Pa	rt III Organizations Maintaining Collections		Other Similar Assets.
	Complete if the organization answered "Yes"		
1a	If the organization elected, as permitted under FASB ASC 958,		
	of art, historical treasures, or other similar assets held for public		rance of public
	service, provide, in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and balan	nce sheet works of
	art, historical treasures, or other similar assets held for public e	xhibition, education, or research in furtherar	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
2	If the organization received or held works of art, historical treas		in, provide the
	following amounts required to be reported under FASB ASC 95	8 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ \$

Par	t III Organizations Maintaining Col	lections of A	Art, Histori	ical Tr	easures,	or Oth	er Similar As	sets (con	tinued)
3	Using the organization's acquisition, accession, and	other records, ch	heck any of th	e follow	ing that make	e significa	ant use of its		
	collection items (check all that apply):								
а	Public exhibition		d 🗌	Loan o	r exchange p	rograms			
b	Scholarly research		e 🗌	Other					
C	Preservation for future generations			•					
4	Provide a description of the organization's collection	s and explain ho	w they further	the org	anization's ex	kempt pu	rpose in Part		
	XIII.								
5	During the year, did the organization solicit or receive	e donations of ar	t, historical tre	easures	, or other sim	ilar			_
	assets to be sold to raise funds rather than to be ma	intained as part	of the organiz	ation's c	collection? -			. Yes	☐ No
Par	t IV Escrow and Custodial Arrange	ments.							
	Complete if the organization answ	wered "Yes" o	on Form 99	30, Pa	rt IV, line 9	e, or re	ported an amo	ount on F	orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian or of	ther intermediary	for contributi	ons or o	ther assets n	ot		_	_
	included on Form 990, Part X?	. .						[] Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII and con	mplete the follow	ing table:						
							Am	ount	
С	Beginning balance								
d	Additions during the year					. 1d			
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Form 99						• • • • • • •	. Yes	∐No
b	If "Yes," explain the arrangement in Part XIII. Check	here if the expla	nation has be	en prov	ided on Part	XIII .			
Par			_						
	Complete if the organization answ	wered "Yes" o	on Form 9	90, Pa	rt IV, line	10.			
	<u>(a</u>	a) Current year	(b) Prior ye	ear	(c) Two years	back	(d) Three years back	(e) Four	ears back
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
e	Other expenditures for facilities and								
	programs		-						
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current year		ne 1g, colum	n (a)) he	ld as:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment > %								
C	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and 2c should equ					41			
3a	Are there endowment funds not in the possession of	of the organization	n that are held	and ad	ministered to	r tne		Г	Yes No
	organization by:							20/1)	162 140
	(i) Unrelated organizations							. 3a(i)	
	(ii) Related organizations					• • • •		. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations li			R? •		• • • •		. 30	
4	Describe in Part XIII the intended uses of the organ		ient iunas.						
rai	t VI Land, Buildings, and Equipment Complete if the organization ans	iit. wered "Yec" (on Form a	90 Ps	nt IV line	11a S	ee Form 990 1	Part X. lin	e 10.
							Accumulated	(d) Book	
	Description of property	(a) Cost or othe	1 '	•	r other basis other)	• •	epreciation	(3) 5000	-300
-	land	(miresune			L42,000			1	42,000
1a	Land				928,932		195,492		33,440
b	Buildings				720,732		100,302		,
٦ 2	Leasehold improvements				101,085		80,976		20,109
d	Equipment				28,701		20,167		8,534
Tota	Other STMD1E . I. Add lines 1a through 1e. (Column (d) must equal Fo	orm 990. Part X (column (B). lir	ne 10c.)	28,701			9	04,083
ו טום	,								

Schedule D (Form	990) 2020 HOPE MINISTRIES OF BATON ROU Investments - Other Securities.	بلافال	72-1245521 Page
Part VII	Complete if the organization answered "Yes" on For	m 990, Part IV, lir	ne 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) Financial of	derivatives		
(2) Closely-he	eld equity interests		
(3) Other			
(AUNITED	METHODIST FON OF LA FIXED IN	575,133	FMV
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	n (b) must equal Form 990, Part X, col. (B) line 12.)	575,133	
Part VIII	Investments - Program Related.	375,133	Section 1995 And the control of the Section 1995 And the Section 1995 An
Tait VIII	Complete if the organization answered "Yes" on For	m 990. Part IV. lir	ne 11c. See Form 990. Part X. line 13.
			(c) Method of valuation:
	(a) Description of investment	(b) Book value	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
,	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. Complete if the organization answered "Yes" on For	rm 000 Bort IV lir	se 11d See Form 990 Part Y line 15
		m 990, Part IV, III	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on Folline 25.	rm 990, Part IV, lir	ne 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability (b) Book	value	
(1) Federal	income taxes		
(2)			마이트 - 그리아 아름이 많다고 있었다. 라이트 - 그리아 사이트를 받는 생기, 이탈리아 티스 나이트
(3)			도로 가는 것이 되었다. 그리고 하는 말이 있는 것이 되는 것이 되었다. 이 보고 그 그리고 있는 것이 없었다. 그리고 있는 것이 되는 것이 되었다.
(4)			
(5)			보는 사람들이 되는 물로 바로 바로 있는 것이 되었다. 이 전환 등 기사를 받는 것이 없다. 사람들이 가는 사람들이 가득하는 것이 되었다. 그는 것이 되었다. 그런 것이 되었다.
(6)			이 시간 얼마가 하면 말을 되는 경우에 되었다.

(b) Book value	📕 and the state of the state o
	JAN : 시간 등록 하다 하는 그들은 시간에 보다 보다.
	■ 기계 : 20 기계 : 10 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기
	(D) BOOK Value

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

		2-1245	
Pai	Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Ketur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		1 100 010
1	Total revenue, gains, and other support per audited financial statements	1	1,633,340
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	4.2	
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
đ	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	59,072
3	Subtract line 2e from line 1	3	1,574,268
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	100	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	designer	
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 De	1,574,268
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses	per re	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,333,378
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	1000000	
þ	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		50.050
е	Add lines 2a through 2d	2e	59,072
3	Subtract line 2e from line 1	3	1,274,306
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
þ	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,274,306
	rt XIII 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 V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	t X, line	

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

OMB No. 1545-0047 2020 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Employer identification number

Name of the organization						Employer Identification	number
HODE MINISTER OF BATON DO	TICE					72-1245521	
HOPE MINISTRIES OF BATON ROPE Part I General Information	on Grants and Assi	stance					
Does the organization maintain record	ds to substantiate the amou	nt of the grants or assistar	nce, the grantees' elig	ibility for the grants or a	ssistance, and		
the selection criteria used to award the							. ⊠Yes ∐No
2 Describe in Part IV the organization's	procedures for monitoring t	he use of grant funds in th	e United States.				
Part II Grants and Other Assis	stance to Domestic Ord	anizations and Dome	estic Government	s. Complete if the o	rganization answered "\	es" on Form 990,	
Part IV, line 21, for any re	ecipient that received m	ore than \$5,000. Part	II can be duplicate	d if additional space	is needed.		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
			<u>.</u>				
(3)							
(4)							
		<u> </u>					
(5)							
(6)							
			 				
(7)							
(0)		 			-		
(8)							
(9)							
(5)							
(10)							
()							
2 Enter total number of section 501(c)((3) and government organiz	ations listed in the line 1 ta	able			▶ _	
3 Enter total number of other organizat						🕨 🧻	

Page 2 m 990) (2020) HOPE MINISTRIES OF BATON ROUGE 72-1245521 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Schedule I (Form 990) (2020) Part III

Part III can be duplicated if additional space is needed.

Schedule I (Form 990) (2020) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. FOOD (e) Method of valuation (book, FMV, appraisal, other) 283,860 \$1.70 PER POUND (d) Amount of noncash assistance (c) Amount of cash grant 3,750 (b) Number of recipients 1 FOOD FOR INDIGENT INDIVIDUALS (a) Type of grant or assistance Part IV EEA 8 က 4 S ဖ

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

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

72-1245521 HOPE MINISTRIES OF BATON ROUGE 01. Form 990 governing body review (Part VI, line 11) A DRAFT COPY OF FORM 990 IS PROVIDED TO ALL BOARD MEMBERS AND REVIEWED AND APPROVED BY THE PRESIDENT & CEO PRIOR TO SUBMISSION TO THE INTERNAL REVENUE SERVICE. 02. Conflict of interest policy compliance (Part VI, line 12c) OFFICERS, BOARD MEMBERS AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST. 03. CEO, executive director, top management comp (Part VI, line 15a) THE LOUISIANA ASSOCIATION OF NONPROFIT ORGANIZATIONS' COMPENSATION SURVEY IS CONSULTED PERIODICALLY TO HELP THE BOARD OF DIRECTORS DETERMINE AN APPROPRIATE LEVEL OF COMPENSATION FOR OFFICERS OF THE ORGANIZATION. 04. Other officer or key employee compensation (Part VI, line 15b THE LOUISIANA ASSOCIATION OF NONPROFIT ORGANIZATIONS' COMPENSATION SURVEY IS CONSULTED PERIODICALLY TO HELP THE BOARD OF DIRECTORS DETERMINE AN APPROPRIATE LEVEL OF COMPENSATION FOR OFFICERS OF THE ORGANIZATION. 05. Governing documents, etc, available to public (Part VI, line 19) GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE ALL AVAILABLE TO THE PUBLIC UPON REQUEST.

FOR YOUR RECORDS ONLY Federal Supporting Statements	2020 PG01
Name(s) as shown on return	Tax ID Number
HOPE MINISTRIES OF BATON ROUGE	72-1245521

Form 990 - Schedule D - Part VI - Line 1e Statement #D1e Investments - Other

Description of Investment	Cost/basis (Investment)	Cost/basis (Other)	Depr	Book Value
INTANGIBLES FURNITURE AND FIXTURES	0	14,590 14,111	13,070 7,097	1,520 7,014
Total	0	28,701	20,167	8,534

2020 Page 1 990 **Overflow Statement** FEIN Name(s) as shown on return 72-1245521 HOPE MINISTRIES OF BATON ROUGE Program consultants Amount \$ 43,509 Total: \$ 43,509 Description

Form 990	
Worksheet	

Schedule A, Line 5 - Excess 2% Limitation Contributors

(Keep for your records)

2020 Tax ID Number

Name(s) as shown on return

HOPE MINISTRIES OF BATON ROUGE

72-1245521

2% of the amount on Schedule A, Part II, line 11, column (f)

121,955

	(a)	(b)	(c)	(d)	(e)	(f)	(g)
Name	2016	2017	2018	2019	2020	Total	Excess contributions
Name	2010						(col. (f) minus
							the 2% limitation)
GREATER BATON ROUGE FOOD BANK			<u> </u>	413,809		413,809	291,854
HUMANA FOUNDATION				189,936	205,000	394,936	272,981
LA DEPT OF CHILDREN AND FAMILY SERV				173,916	297,197	471,113	349,158
CAPITAL AREA UNITED WAY				135,000	178,282	313,282	191,327
HUEY AND ANGELINA WILSON FOUNDATION				94,000	80,000	174,000	52,045
DYNAMIC CONSTRUCTION GROUP				50,000		50,000	
BLUE CROSS BLUE SHIELD OF LA FDN				50,000		50,000	
U.S. SMALL BUSINESS ADMINISTRATION				·	94,960	94,960	
BATON ROUGE AREA FOUNDATION					58,500	58,500	