TINA WORRELL CPA LLC 98 TRENTO TURN DR MISSOURI CITY, TX 77459 832-724-8565

April 20, 2021

Hope Advocates 3430 Marion Circle Missouri City, TX 77459

Dear Rick:

Your 2020 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

Tina Worrell Tina Worrell

2020 Federal Exempt Organiza	tion Tax Summ	ary (EZ)	Page 1
Hope Adve	ocates		81-3748327
FORM 990-EZ REVENUE	2020	2019	Diff
Contributions, gifts, and grants Investment income	8,580 4	8,221	359 4
Net income (loss) - special events	0	8,934	-8,934
Total revenue	8,584	17,155	-8,571
EXPENSES Professional fees/pymt to contractors Other expenses	2,260 20,133	659 15,574	1,601 4,559
Total expenses	22,393	16,233	6,160
NET ASSETS OR FUND BALANCES Excess or (deficit) for the year Net assets/fund bal. at beg. of year Net assets/fund bal. at end of year	-13,809 45,923 32,114	922 45,001 45,923	-14,731 922 -13,809

2020	General Information	Page 1
	Hope Advocates	81-374832
Forms needed for this retu	rn	
Federal: 990-EZ, Sch	A, Sch O	
Carryovers to 2021		
None		

Form 8879-EO	IRS <i>e-file</i> Signature Authorization for an Exempt Organization		OMB	No. 1545-0047
	For calendar year 2020, or fiscal year beginning, 2020, and ending, 20		2	020
Department of the Treasury Internal Revenue Service	 Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information. 			.020
Name of exempt organization or per	son subject to tax	Taxpayer i	dentification n	umber
Hope Advocates	ubject to tax	81-37	48327	
Rick Van Evk	Treasurer			
	n and Return Information (Whole Dollars Only)			
check the box on line 1a, 2 leave line 1b, 2b, 3b, 4b, 5	n for which you are using this Form 8879-EO and enter the applicable amount, if a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being file b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered bo not complete more than one line in Part I.	ed with tl	his form wa	s blank, then
1 a Form 990 check here			1 b	
2 a Form 990-EZ check h	ere 🕨 🗴 b Total revenue, if any (Form 990-EZ, line 9)		2 b	8,584.
3 a Form 1120-POL chec			3b	
4 a Form 990-PF check h			4b	
5 a Form 8868 check her 6 a Form 990-T check he			5 b 6 b	
7 a Form 4720 check her			7b	
			, n	
	nd Signature Authorization of Officer or Person Subject to Tax			
Under penalties of perjury, I (name of organization) and that I have examined a	declare that X I am an officer of the above organization or I I am a person , (EIN) a copy of the 2020 electronic return and accompanying schedules and statements prrect, and complete. I further declare that the amount in Part I above is the amo	s, and, to	the best of	my knowledge
IRS and to receive from the processing the return or refur initiate an electronic funds w of the federal taxes owed o U.S. Treasury Financial Ag financial institutions involve inquiries and resolve issue return and, if applicable, th	to allow my intermediate service provider, transmitter, or electronic return origin a IRS (a) an acknowledgement of receipt or reason for rejection of the transmissin ad, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its de thdrawal (direct debit) entry to the financial institution account indicated in the tax prep in this return, and the financial institution to debit the entry to this account. To re- ent at 1-888-353-4537 no later than 2 business days prior to the payment (settler ad in the processing of the electronic payment of taxes to receive confidential info s related to the payment. I have selected a personal identification number (PIN) a e consent to electronic funds withdrawal.	on, (b) the signated aration so voke a p ment) da prmation	ne reason fo Financial Ago oftware for p ayment, I n te. I also au necessary	r any delay in lent to ayment hust contact the lthorize the to answer
PIN: check one box only	orrell CPA LLC to enter my PIN	271	34	as my signature
A additionize <u>1111a M</u>	ERO firm name	nter five nu	mbers, but	as my signature
on the tax year 2020 ele (ies) regulating charitie disclosure consent scre	tronically filed return. If I have indicated within this return that a copy of the return is be s as part of the IRS Fed/State program, I also authorize the aforementioned ERC	o not enter a eing filed) to enter	with a state	agency the return's
electronically filed retu	subject to tax with respect to the organization, I will enter my PIN as my signatu n. If I have indicated within this return that a copy of the return is being filed with IRS Fed/State program, I will enter my PIN on the return's disclosure consent sc	1 a state	e tax year 2 agency(ies	020) regulating
Signature of officer or person subject	t to tax ► Rick Van Eyk Date ►	4/21/2	2021	
Part III Certification	and Authentication			
ERO's EFIN/PIN. Enter you number (EFIN) followed by	r six-digit electronic filing identification your five-digit self-selected PIN			16023013 enter all zeros
	ric entry is my PIN, which is my signature on the 2020 electronically filed return indicate accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Information for A urns.			at
ERO's signature Tina	Worrell Date >			
	ERO Must Retain This Form – See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So			

_	Q	Short Form 90-EZ Return of Organization Exempt From Income Tax		OMB No. 1545-0047
For	n J	Under section 501(c), 527, or 494/(a)(1) of the Internal Revenue Code (except private foundations)		2020
Depa	rtment	of the Treasury renue Service ► Do not enter social security numbers on this form, as it may be made public • Go to www.irs.gov/Form990EZ for instructions and the latest information.		Open to Public Inspection
		he 2020 calendar year, or tax year beginning , 2020, and ending		
В	Check	if applicable: C D	Employe	ridentification number
		s change	01 2	740007
		change Hope Advocates	81-3 Telephone	748327
	Initial r	Missouri City TX 77459		541312
		Irn/terminated		
		stion pending	Group E Number	Exemption
G	Acco	unting Method: X Cash Accrual Other (specify) ► H Check ►	• X if th	e organization is not
I.	Webs	site: https://www.hopeadvocates.org/	to attac	n Schedule B
J	Tax-ex	xempt status (check only one) — X 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527 (Form 9	90, 990-E	EZ, or 990-PF).
κ	Form	of organization: X Corporation Trust Association Other		
L	Add I	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if t	otal	
	asset	ts (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	►\$	0,304.
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru		
		Check if the organization used Schedule O to respond to any question in this Part I		
	1	Contributions, gifts, grants, and similar amounts received		8,580.
	2 3	Program service revenue including government fees and contracts		
	3 4	Investment income.	3	4
	•	Gross amount from sale of assets other than inventory		4.
		Less: cost or other basis and sales expenses	-	
	с	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5 c	
ē		Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
nuć		Gross income from fundraising events (not including \$ of contributions	-	
Revenue		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
-	с	Less: direct expenses from gaming and fundraising events	-	
		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
	7 a	Gross sales of inventory, less returns and allowances		
		Less: cost of goods sold	-	
		Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	.► 9	8,584.
	10	Grants and similar amounts paid (list in Schedule O)		
	11	Benefits paid to or for members		
ses	12	Salaries, other compensation, and employee benefits		
ens	13	Professional fees and other payments to independent contractors		2,260.
Expenses	14	Occupancy, rent, utilities, and maintenance.		
_	15 16	Printing, publications, postage, and shipping. Other expenses (describe in Schedule O).	<u>15</u> 16	00 100
	16 17	Total expenses. Add lines 10 through 16	-	<u>20,133.</u> 22,393.
_	18	Excess or (deficit) for the year (subtract line 17 from line 9)	. 18	-13,809.
ets		Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-y		13,009.
Assi	19	figure reported on prior year's return)		45,923.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	. ► 21	32,114.
BA	A Fo	r Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2020)

Form	990-EZ (2020) Hope Advocates			81-	-374	8327 Page 2
Par	t II Balance Sheets (see the inst Check if the organization used Sche	ructions for Part II)	estion in this Part II			П
	Check in the organization used Sche	edule o to respond to any qu) Beginning of yea		(B) End of year
22	Cash, savings, and investments			45,923	. 22	32,114.
23	Land and buildings.				23	
24 25	Other assets (describe in Schedule O). Total assets			45 000	24	20 114
25 26	Total liabilities (describe in Schedule O			<u>45,923</u>	. 25 . 26	<u> </u>
27	Net assets or fund balances (line 27 of			45,923		32,114.
Par	t III Statement of Program Service A	ccomplishments (see the inst	ructions for Part III)		1	Expenses
What	Check if the organization used Sc		question in this Part III.			uired for section 501
Desc	is the organization's primary exempt purpose? See	<u>e Schedule 0</u> complishments for each of i	its three largest program			and 501(c)(4) nizations; optional
mea	ribe the organization's program service a sured by expenses. In a clear and concis fited, and other relevant information for e	e manner, describe the service	ces provided, the numb	er of persons	for ot	hers.)
28	<u>Hope Advocates is a servi</u>					
	children in giving of our					
	local community.					
	(Grants \$) If th	is amount includes foreign gi	rants, check here	▶	28 a	21,368.
29						
	(Grants \$) If th	is amount includes foreign g	rants, check here	····· • 🗖	29 a	
30						
	(Grants §) If th	is amount includes foreign g	rants, check here	⊾∟	30 a	
31	Other program services (describe in Sch	nedule O)			50 4	
	(Grants \$) If th	is amount includes foreign g	rants, check here	▶	31 a	
	Total program service expenses (add li				32	21,368.
Par	t IV List of Officers, Directors, Check if the organization used So					
	Check if the organization used Sc			(d) Health benefits	1	<u>····· </u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to emplo benefit plans, and defe		 (e) Estimated amount of other compensation
Die	Non Fuk	poontoin	(compensation		
	<u>ek Van Eyk</u> easurer	3	0.		0.	0.
	in Reed				••	
	e President	2	0.		0.	0.
	hael Metro	2	0		0	0
Dha	retary ris Godfrey	Ζ	0.		0.	0.
	ce President	2	0.		0.	0.
Ale	exander_McElreath					
Pre	esident	5	0.		0.	0.
·						
			1			

Form	n 990-EZ (2020) Hope Advocates 81-374832	7	Ρ	age 3
Par	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	See S		
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	Yes	No X
34		35		Λ
	a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities			
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
	b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O. Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35 b		
C	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37 a	a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37 a 0.			
	Did the organization file Form 1120-POL for this year?	37 b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
b	If 'Yes,' complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:	-		
	a Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		Х
	section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	_		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	_		
e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
41	List the states with which a copy of this return is filed <u>None</u>			
42 a	The organization's			

42 a The organization's				
books are in care of 🕨 Rick Van Eyk Telep	phone no. 🏲 713–8	854-1	312	
Located at 🟲 3430 Marion Circle Missouri City TX	ZIP + 4 ► 77459)		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority	over a		Yes	No
financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	42 b		Х
If 'Yes,' enter the name of the foreign country >				
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA	AR).			
c At any time during the calendar year, did the organization maintain an office outside the United States	s?	42 c		Х
If 'Yes,' enter the name of the foreign country ►				

43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here		▶ 🗌	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44 a		Х
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44 b		Х
	c Did the organization receive any payments for indoor tanning services during the year?	44 c		Х
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?			
	If 'No,' provide an explanation in Schedule O	44 d		
45	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a		Х
	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45 b		Х
RΔ	A TEEA08121 10/26/20	orm QQ		~ ^ 2020\

Forn	n 990-EZ (2020) Hope Advocates 81-37483	27	Р	age 4
			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to			
-	candidates for public office? If 'Yes,' complete Schedule C, Part I.	46		Х

Part VI	Section 501(c)(3) Organizations Only	.	
	All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the t for lines 50 and 51.	able	S
	Observations in a line of a standard standard standard standard standard standard standard standard standard st		

	Check if the organization used Schedule O to respond to any question in this Part VI			
47			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	47		Х
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		Х
49 a	a Did the organization make any transfers to an exempt non-charitable related organization?	49 a		Х
ł	b If 'Yes,' was the related organization a section 527 organization?	49 b		
E0	Complete this table for the examination's five highest comparested ampleuses (other than officers, directors, tructors, and key			

Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' 50

(a) Name and ti	tle of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None					

f Total number of other employees paid over \$100,000►

Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' 51

	(a) Name and business address of each indep	endent contractor	(b) Type of se	ervice	(c) Compensa	ation	
None							
52 Did t	I number of other independent con he organization complete Schedule bleted Schedule A es of perjury, I declare that I have examined the and complete. Declaration of preparer (other the	e A? Note: All section 501(c)(3) organizations must atta	ch a	► X Yes	No	
Sign Here	Signature of officer Rick Van Eyk Type or print name and title		T	Date reasurer			
Doid	Print/Type preparer's name Tina Worrell	Preparer's signature Tina Worrell	Date	Check I if self-employed	PTIN P01438253		
Preparer Use Only	Firm's name ► <u>Tina Worrel</u> Firm's address ► <u>98 Trento T</u>	1 CPA LLC urn Dr	•	Firm's EIN	20 1000101		
May the IR	RS discuss this return with the prep		ctions		····► X Yes	No	
52 Did t comp Under penaltie true, correct, a Sign Here Paid Preparer Use Only May the IF	he organization complete Schedule bleted Schedule A as of perjury, I declare that I have examined the and complete. Declaration of preparer (other the Signature of officer Print/Type or print name and title Print/Type preparer's name Tina Worrell Firm's name F Firm's address P 98 Trento T Missouri Ci	Preparer's signature Tina Worrell 1 CPA LLC urn Dr ty, TX 77459) organizations must atta- ules and statements, and to the be which preparer has any knowledg T: Date	ch a st of my knowledge and e. Date reasurer Check if self-employed Firm's EIN Phone no. 83	PTIN P01438253 26-189075 32-724-8565		

SCHEUDER A ("Com 990 of 991-07) Complete if the constriction is a section 591(c)(3) constribution or a section - Attach to Form 990 or Form 990 EZ - Complete if the constriction or a section - Attach to Form 990 or Form 990 EZ - Complete if the constriction or a section - Attach to Form 990 or Form 990 EZ - Complete if the constriction or a section - Attach to Form 990 or Form 990 EZ - Complete if the constriction or a section - Attach to Form 990 or Form 990 EZ - Complete if the constriction or a section - Attach to Form 990 EZ - Complete if the constriction or a section - Attach to Form 990 EZ - Complete if the constriction or a section - Attach to Form 990 EZ - Complete if the constriction or a section - Attach to Form 990 EZ - Complete if the constriction - Attach to Form 990 EZ - Complete if the constriction - Attach to Form 990 EZ - Complete if the constriction - Attach to Form 990 EZ - Complete if the constriction - Attach to Form 990 EZ - Complete if the constriction - Attach to Form 990 EZ - Complete if the constriction - Attach to Form 990 EZ - Complete if the constriction - Attach to Form 990 EZ - Complete if the constriction - Attach to Form 990 EZ - Complete if the constriction - Attach to Form 990 EZ - Complete if the constriction - Attach to Form 990 EZ - Complete if the constriction - Attach to Form 990 EZ - Complete if the constriction - Attach to Form 990 EZ - Complete if the constriction - Attach to Form 990 EZ - Complete if the constriction - Attach to Form 990 EZ - Complete if the constriction - Attach EC - Attach to Form 990 EZ - Attach 10 Complete if Atta - Complete if Attach - Attach to Form 990 EZ - Attach EZ			Public Chari	ty Status and P	ublic	Supp	ort	OMB No. 1545-0047
Phenomena inference Source 11: Transver terms of the support	SCHEDULE A (Form 990 or 990-EZ)	Com	4947(a	a)(1) nonexempt charita	ble trus	t.	or a section	2020
	Department of the Treasury			- (
Hope Advocates Image: Status (All organizations must complete this part.) See instructions. The degeneration is not a private foundation bacause it is: (For lines 1 through 12, check only one box.) A church, convertion of churches, or association of churches described in section 170(b)(NA(k)). A church, convertion of churches, or association of churches described in section 170(b)(NA(k)). A church, convertion of churches, or association of churches described in section 170(b)(NA(k)). A church, convertient of churches, or association of churches described in section 170(b)(NA(k)). A church, convertient of churches, or association of churches described in section 170(b)(NA(k)). A church, convertient of the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(NA(k)). A church, state, or local opavernment og avernmental unit described in section 170(b)(NA(k)). (Complete Part II.) B A community trust described in section 170(b)(NA(k)) operated in conjunction with a land-grant college or university or anon-line grant. State, or local grant described in section 170(b)(NA(k)) operated in conjunction with a land-grant college or university or anon-line grant. State, or local grant. State, or loc		ب	ao to www.irs.gov/Fo	rm990 for instructions	and the	latest ir		•
Part I Reason for Public Charty Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because its: (For lines it through 12, check only one box).) The organization is not a private foundation because its: (For lines for m900 or 990 E2).) 1 A school described in section 170(b)(1)(A)(i). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). 5 Instruction (Cooperative hospital service organization described in section 170(b)(1)(A)(ii). 6 A foderal, state, or local government or governmental unit described in section 170(b)(1)(A)(i). 7 In organization that normally receives a updatibil af of its support from a governmental unit described in section 170(b)(1)(A)(i). 8 A community thus described in section 170(b)(1)(A)(i). Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(i). 10 State described in section 170(b)(1)(A)(i). Complete Part II.) 8 A community thus described in section 170(b)(1)(A)(i). Complete Part II.) 9 An agricultural research organization described in section 511 (a) from hospital section 511 (a) from the 33-1378 of its support from gross receipts from ascientin secophore and (2) on onet tem 33-1378 of its support fr	-							
The organization is not a private foundation because it is: (for lines 1 through 12, check only one box.) 1 A church, convention of thurches, or association of churches dereshed in section 1700(0)(IAX(ii), 3 A hospital or a cooperative hospital service organization described in section 1700(0)(IAX(ii), 4 A model research organization operated in conjunction with a hospital described in section 1700(0)(IAX(ii), 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 1700(0)(IAX(ii), 6 A field research organization operated by the powernmental unit described in section 1700(0)(IAX(ii), 7 An organization operated or the benefit of a college or university owned or operated by a governmental unit described in section 1700(0)(IAX(i)), (Complete Part II.) 8 A comparization operation described in section 1700(0)(IAX(i)), Complete Part II.) 9 An organization that normally receives a substantial part of its support from governmental unit of rom the general public described in section 1700(0)(IAX(i)), Complete Part II.) 9 An organization operated stable in section 1700(0)(IAX(i)), Complete Part II.) 9 An arguitation operated stable in section 1700(0)(IAX(i)), Complete Part II.) 9 An arguitation operated scubies ty to task support from governmental unit of rom the general public described in section 1700(0)(IAX(i)), Complete Part II.) 10 <t< td=""><td></td><td>r Public Cha</td><td>ritv Status. (All c</td><td>organizations must</td><td>comple</td><td>ete this</td><td></td><td></td></t<>		r Public Cha	ritv Status. (All c	organizations must	comple	ete this		
2 A school described in section 170(b)(1)(A)(b). (Attach Schedule E (Form 990 or 90; CE)). 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). 7 In described in section 170(b)(1)(A)(v). (Complete Part II). 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II). 9 An organization described in section 170(b)(1)(A)(v). 9 In a described in section 170(b)(1)(A)(v). (Complete Part II). 9 An agnicultural research organization described in section 170(b)(1)(A)(v) operated in conjunction with a land-grant college or university: or anon-tan-grant college or governmental with the same dist. 10 Ma noganization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from adrivities related to its scenge that the section 990(a)(2). 11 An organization organization described in section 990(a)(2). 12 An organization organization expended acclusively to test or public section 990(a)(2). 13 An organization organization uperated acclusively to test or public section 990(a)(2). Cleasection 990(a)(2).								
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(i). Complete Part II). An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)	1 A church, conv	vention of church	es, or association of cl	hurches described in sec	tion 1 70(b)(1)(A)(i	i).	
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's mame, city, and state:				,		,		
Iname, city, and state: Iname, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 1700(X)(XA)(X). (Complete Part II.) A regravitation that normally receives a substantial part of its support from a governmental unit or from the general public described in section 1700(X)(XA)(X). (Complete Part II.) An agricultural research organization described in section 1700(X)(XA)(X). (Complete Part II.) An agricultural research organization described in section 1700(X)(XA)(X). (Complete Part II.) An agricultural research organization described in section 1700(X)(XA)(X). (Complete Part II.) An agricultural research organization described in section 1700(X)(XA)(X). (Complete Part II.) An organization that normally receives a XII.) more than 33-1/3% of its support from contributions, methetics its support from torexists and (Z) norme than 33-1/3% of its support form contributions, methetics its support form torexists and (Z) norme than 33-1/3% of its support form contributions, methetics and gross receipts from agrization organization organization departed exclusively to truth as support form contributions, supperted to support form agrization organization organization organization departed exclusively to the part of the part functions of, or to carry out the purposes of one or more publicly supported organization supervised or controlled in section 500(X). See section 500(X).								ntor the bosnital's
S An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1/A(x)). G A community frust described in section 170(b)(1/A(x)). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1/A(x)). B A community trust described in section 170(b)(1/A(x)). (Complete Part II). B A community trust described in section 170(b)(1/A(x)). (Complete Part II). B A adjustment described in section 170(b)(1/A(x)). (Complete Part II). B A community trust described in section 170(b)(1/A(x)). (Complete Part II). B A community trust described in section 170(b)(1/A(x)). (Complete Part II). B A community trust describes of agriculture (see instructions). Enter the name. (b), and state of the college or university: 10 Man organization organization adjustmess taxabile income (tess section 504(x)4). 11 An organization organization adjustmess taxabile income (tess section 504(x)2). Complete the box in times 12a through 12d that describes the type of supporting organization adjustmess taxabile incomplete part II). 11 An organization organization spartized na operated exclusively for the benefit of, to perform the functions, by doing the supported organization adjustmess described in section 504(x)(2). Complete the box in times 12a through 12d that describes the type of supported organization adjustmess describe		-		unction with a nospital o	Jeschbe	u III Sec		inter the hospital s
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A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) □ An agricultural research organization described in section 170(b)(1)(A)(vi) operated in conjunction with a land-grant college or university or anon-land-grant college of agriculture (see instructions). Early the name, city, and state of the college or university. □ An organization trait normally receives (1) more than 33.12% of its support form contributions, membership fees, and gross receives investing and unrelated business taxable income (less section 51) tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) □ An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Check the box in lines 12a https://doi.org/10.0000/0.00000/0.0000	An organizatio	n that normally r	eceives a substantial p	part of its support from a	governm	ental uni	t or from the general pul	blic described
9 An agricultural research organization described in section 170(b)(1)(A)(x) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33-12% of its support from contributions, membership fees, and gross receipts and activities related to its server functions, usupport for more controlled to the server functions. Usupport for more controlled to the server functions, usupport for agrication after June 30, 1975. See section 509(x)(2), Complete Part III.) 11 An organization organized and operated exclusively for the barshift of to perform the functions. Support for organization organization and organization section 509(x)(1) er section 509(x)(2). See section 509(x)(2). See section 509(x)(2), See section 509(x)(2). Cleck the box in lines 12a through 12d that describes the type of supporting organization of promplete hind; 12a, and 12g. a Type I. A supporting organization specified or controlled by its supported organization(s), by aving the supported organization of the supporting organization operated in connection with its supported organization(s). You must complete Part IV, Sections A and B. b Type II. A supporting organization operated in connection with and functionally integrated. A supporting organization operated in connection with its supported organization; by our must complete Part IV, Sections A and C. c Type II functionally integrated. A supporting organization operated in connection with is supported organi				(Complete Dart				
□ or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. 10 IX An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 519(a)(4). 11 □ An organization organized and operated exclusively to test for public safety. See section 509(a)(2). 12 □ An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(2). Check the box in lines 12a through 12d that describes the type of supporting organization organization and complete 10.5 (2) support of organizations described of 15 (5) (5) (2). See section 509(a)(2). See section 509(a)(2). Check the box in lines 12a through 12d that describes the type of supporting organization set 2e. 12f, and 12g. a □ Type II. A supporting organization set 2e. 100 (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)						oniunctio	on with a land-grant colle	000
from žetivites related to its sepent functions, subject to certain exceptions; and (2) no more than 33-10% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 599(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 599(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 599(a)(1) or section 599(a)(2). See section 509(a)(3). Check the box in imers 124 through to power to regularize the support of organization complete intervices. Jet, and 129. Type I. A supporting organization operated, supervised, or controlled by its supported organization. You must complete Part IV, Sections A and B. Der I. A supporting organization supervised or controlled in connection with its supported organization. You must complete Part IV, Sections A and B. Der I. A supporting organization operated, supporting organization aperated in connection with its supported organization(s), by icali and organization (special d). Sections A and C. Der I. Support IV, Sections A and C. Der II functionally integrated. A supporting organization operated in connection with its supported organization(s). You must complete Part IV, Sections A and C. Der II functionally integrated. A supporting organization operated supporting organization and the interveness requirement (see Intrictionally integrated. A supporting organization operated in connection with its supported organization(s) (b) tat is not Introchonally integrated. A supporting organization operated in connection with and antentoveness requirement (see Deck this box if the organization sector at andith of the intervictions) Dever (eee instructions) Dever t	or university of							
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Gr more publicly supported organizations described in section 509(a)(1) of section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Gr more publicly supported organization operated, supervised, or controlled by its supported organization(5), by pically by giving the supported organization. You must complete Part IV, Sections A and B. Gr more publicly supporting organization operated, supervised or controlled by its supported organization(5), by having control or management of the supporting organization operated in the same persons that control or manage the supported organization(5). You must complete Part IV, Sections A and C. Ger publicly supported organization operated in connection with its supported organization(5). You must complete Part IV, Sections A, D, and E. Ger public public public integrated. A supporting organization operated in connection with its supported organization(5) that is not functionally integrated. A supporting organization organization. Ger public the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated supporting organization. Ger New Supported organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated supporting organization(5). Go Name of supported organization Go Name of supported organization Go Name of supported organization				•	ety. See	section	509(a)(4).	
complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A, and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated. The supported organization. g Provide the following information about the supported organization(s). (0) Name of supported organization (ii) EN (iii) Type id organization (iv) EN (iv) EN (iv) the organization step instructions) (iv) Name of supported organization (iv) EN (iv) EN (iv) EN (iv) EN (iv) around of monetary support (see instructions) (iv) Understand State instructions) (v) Amount of monetary support (see instructions)	or more publi lines 12a thro	cly supported o ugh 12d that de	rganizations describe escribes the type of s	ed in section 509(a)(1) of upporting organization	or sectio and corr	n 509(a) Iplete lir	(2). See section 509(a nes 12e, 12f, and 12g.)(3). Check the box in
Imagement of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Imagement of the supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Imagement of the supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Imagement of the supporting organization operated in connection with supported organization(s) that is not functionally integrated. A supporting organization operated in connection with supported organization(s) that is not functionally integrated. A support generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Imagement of the supported organization received a written determination from the IRS that it is a Type II, Type III functionally integrated supported organization(s). Imagement of supported organization about the supported organization(s). Imagement of supported organization Imagement of suppo	complete Par	t IV, Sections A	and B.	t a majority of the directo	rs or trus	tees of t	ne supporting organizati	on. You must
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. The organization generality must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization generality must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization requirement determination from the IRS that it is a Type II, Type III functionally integrated supporting organization. g Provide the following information about the supported organization (%). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Amount of monetary support (see instructions) (v) Amount of monetary organization (v) Amount of monetary support (see instructions) (v) Amount of monetary organization (v) Amount of monetary support (see instructions) (v) Amount of monetary organization (v) Amount of monetary support (see instructions) (v) Amount of monetary organization (v) Amount of monetary support (see instructions) (v) Amount of support (see instructions) (v) Amount of monetary support (see instructions)	management	of the supporting	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or ion(s). You
functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated supporting organization. f Enter the number of supported organization (ii) EIN (iii) Type of organization (iii) Type of organization inset in your governing document? (iv) Amount of monetary support (see instructions) (iv) Name of supported organization (ii) EIN (iii) Type of organization inset in your governing document? (v) Amount of monetary support (see instructions) (k) (iii) CIN (iii) Type of organization isted in your governing document? (v) Amount of other support (see instructions) (k) (iii) CIN (iii) Type of organization isted in your governing document? (v) Amount of monetary support (see instructions) (k) (iii) CIN (iii) CIN (iii) CIN (iv) Isted in your governing document? (k) (j) (j) (j) (j) (j) (j) (k) (j) (j) (j) (j) (j) (j) (k) (j) (j) (j) (j) (j) (j) (j)<	C Type III function	onally integrated. s) (see instruction	. A supporting organizat ons). You must com					
integrated, or Type III non-functionally integrated supporting organization.	functionally ir	ntegrated. The c	organization generally	/ must satisfy a distribu	nnection tion requ	with its s uirement	upported organization(sing the second s) that is not requirement (see
f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization is the first organization is t	e Check this bo	x if the organiz	ation received a writt	en determination from	the IRS	that it is	a Type I, Type II, Typ	e III functionally
g Provide the following information about the supported organization (i) Name of supported organization (ii) EIN (iii) Type of organization (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization is upport (see instructions) (v) Amount of monetary support (see instructions) (v) Amount of other support (see instructions) (A) Yes No No Image: Colspan="4">Colspan="4"Colspan="4">Colspan="4"Colsp								
Image: Normal and the set of the set o			-					
(A) (A) (A) (A) (B) (B) (C) (C) (C) (C) (C) (C) (D) (C) (C) (E) (C) (C) Total (C) (C)	(i) Name of supported of	rganization	(ii) EIN	(described on lines 1-10	organizat in your g	ion listed overning		
(B) Image: Constraint of the second sec					Yes	No		
(C) (D) (D) <td>(A)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(A)							
(D) (E) (E) <td><u>(B)</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	<u>(B)</u>							
(E) Total	(C)							
Total	(D)							
	<u>(E)</u>							

	dule A (Form 990 or 990-EZ) 202					81-3748		Page 2
Par	t II Support Schedule for (Complete only if you checked	Organizations	Described in	Sections 170	(b)(1)(A)(iv) ar	nd 170(b)(1)	(A)(vi)	
	organization fails to qualify	under the tests lis	sted below, pleas	e complete Part I	II.)	iuer Fait III. II ti	le	
Sec	tion A. Public Support		1			1		
begi	ndar year (or fiscal year nning 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	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							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support	1	1	1	1	T		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020		(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	vities, etc. (see in	structions)		•		2	
13	First 5 years. If the Form 990 is organization, check this box and							►
Sec	tion C. Computation of Pu	blic Support F	Percentage					
14	Public support percentage for 20	-		-			4	%
15	Public support percentage from	2019 Schedule A	, Part II, line 14.				5	%
16a	33-1/3% support test-2020. If t and stop here. The organization	he organization d qualifies as a pu	id not check the blicly supported of	box on line 13, ar	nd line 14 is 33-1/	3% or more, cl	eck this	s box ►
b	33-1/3% support test-2019. If the and stop here. The organization	ne organization di I qualifies as a pu	d not check a bo blicly supported	x on line 13 or 16 organization	a, and line 15 is 3	3-1/3% or mor	e, checl	k this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	and-circumstance	s test. check this	box and stop her	e. Explain in P	art VI ho	ow
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	est–2019. If the o meets the facts-a d-circumstances'	rganization did n and-circumstance test. The organiz	ot check a box or s test, check this ation qualifies as	l line 13, 16a, 16b box and stop her a publicly suppor	, or 17a, and li e. Explain in P ted organizatio	ne 15 is art VI ho n	s 10% ow the ►
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	a, or 17b, check th	nis box and see	instruc	tions 🕨 🗌

BAA

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 H

) Hope Advocates

81-3748327

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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	sis listed below, p	nease complete P	art II.)			
	dar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions,	(.,	(-)	.,	(0)	(0)	() • • • •
	Gifts, grants, contributions, and membership fees received. (Do not include						
-	any 'unusual grants.')		137,209.	81,315.	60,889.	8,580.	287,993.
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose						0.
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513.						0
4	Tax revenues levied for the						0.
	organization's benefit and						
	either paid to or expended on its behalf						0.
5	The value of services or						0.
	facilities furnished by a governmental unit to the						
	organization without charge						0.
6	Total. Add lines 1 through 5	0.	137,209.	81,315.	60,889.	8,580.	287,993.
7a	Amounts included on lines 1,		·	i	·		· ·
	2, and 3 received from disgualified persons.	0.	0.	0.	0.	0.	0.
h	Amounts included on lines 2	0.	0.	0.		0.	0.
-	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.	0.	0.	0.	0.	0.	0.
-	Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8	Public support. (Subtract line 7c from line 6.)						287,993.
Sec	tion B. Total Support				•		
Calen	dar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	0.	137,209.	81,315.	60,889.	8,580.	287,993.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from						
	similar sources						0.
D	Unrelated business taxable income (less section 511						
	taxes) from businesses						
	acquired after June 30, 1975						0.
	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
	activities not included in line 10b,						
	whether or not the business is regularly carried on						0
12	Other income. Do not include						0.
	gain or loss from the sale of						
	capital assets (Explain in Part VI.)						0.
13	Total support. (Add lines 9,						
14	10c, 11, and 12.)	0.	137,209.	81,315.	60,889.	8,580.	287,993.
14	First 5 years. If the Form 990 is forganization, check this box and	stop here	n's first, second, t	nira, tourth, or th		ection 501(c)(3)	► X
Sec	tion C. Computation of Put	blic Support P	ercentage				
15	Public support percentage for 20	20 (line 8, column	(f), divided by lin	e 13, column (f))		15	olo
16	Public support percentage from 2	2019 Schedule A,	Part III, line 15			16	olo
Sec	tion D. Computation of Invo	estment Incon	ne Percentage				
17	Investment income percentage for	or 2020 (line 10c,	column (f), divideo	d by line 13, colu	mn (f))		0/0
18	Investment income percentage fr						010
19a	33-1/3% support tests -2020. If t						
1-	is not more than 33-1/3%, check		-	•		-	
a	33-1/3% support tests—2019. If the line 18 is not more than 33-1/3%						
20	Private foundation. If the organiz		•				
BAA			TEEA0403L	09/14/20	Sch	edule A (Form 990) or 990-EZ) 2020
							-

Schedule A (Form 990 or 990-EZ) 2020 Hope Advocates

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

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was 2 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. 3a **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. 3b 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. 3c 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a **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. Δh **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. 4c 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). 5a 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? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 the filing organization's supported organizations? If 'Yes,' provide detail in Part VI. 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' 8 complete Part I of Schedule L (Form 990 or 990-EZ). 8 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. 9a **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.* 9b 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.* 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below. 10a **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.). 10b

Schedule A (Form 990 or 990-EZ) 2020	Hope Advocates	81-3748327	Page 5
Part IV Supporting Organiza	tions (continued)		

11	Has the organization accepted a gift or contribution from any of the following persons?	
	a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a
	b A family member of a person described in line 11a above?	11b

b A family member of a person described in line 11a above?

C A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

- Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one 1 or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the				
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).				
	the organization maintained a close and continuous working relationship with the supported organization(s).				
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played				
	in this regard.				
-					

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - The organization satisfied the Activities Test. Complete line 2 below. а
 - The organization is the parent of each of its supported organizations. Complete line 3 below. h
 - The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). С

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.

Yes

2a

2b

3a

3h

No

Yes

Yes

11c

1

2

No

No

Schedule A (Form 990 or 990-EZ) 2020 Hope Advocates

t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza		40327 Page
Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	lov. 20, 1970 (explain ir ist complete Sections A	Part VI). See through E.
tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
: Fair market value of other non-exempt-use assets	1c		
I Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
tion C – Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
	tv Type III Non-Functionally Integrated 509(a)(3) Supporting Orgation Statistication satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization statisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization statisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization statisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization statisfied the Integral Part Test as a qualifying trus instructions. Add lines 1 through 3. Depreciation and depletion 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) Adjusted Net Income Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ttom B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly cash balances Fair market value of other non-exempt-use assets Fair dadd lines 1a, 1b, and 1c) Poiscount claimed for blockage or other factors (explain indebitedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. <	Type III Non-Functionally Integrated 509(a)(3) Supporting Organiza Check here if the organization satisfied the Integral Part Test as a qualifying trust on N instructions. All other Type III non-functionally integrated supporting organizations muticinated and the production of the production of production of prover distributions Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 totin B - Minimum Asset Amount 4 2 Average monthly value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a 2 Average monthly cash balances 1b 1b 2 Total (add lines 1a, 1b, and 1c) 1d 3 2 Acquisition indebtedness applicable to non-exempt-use assets 2 2 Subtract line 2 from line 1d. 3 3 2 Add usine 1 and. 3 5	tv Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A tion A - Adjusted Net Income (A) Prior Year Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 income (see instructions) 6 Other expenses (see instructions) 7 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 tion B - Minimum Asset Amount (A) Prior Year Agregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a Average monthly value of securities 1a Average monthly cash balances 1b Paice and table between sapplicable to non-exempt-use assets 2 Objecount claimed for blockage or other factors (expenin detail in Part V): 2

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

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Schedule A (Form 990 or 990-EZ) 2020

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Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ILIONS (CONTINUE	<i>:a)</i>	
Section D – Distributions				Current Year
1 Amounts paid to supported organizations to accomplish exempt put	rposes		1	
2 Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	2			
3 Administrative expenses paid to accomplish exempt purposes of su	3			
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval required - provide	details in Part VI)		5	
6 Other distributions (describe in Part VI). See instructions.			6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to which the organization in Part VI). See instructions.	on is responsive (provide	edetails	8	
9 Distributable amount for 2020 from Section C, line 6			9	
10 Line 8 amount divided by line 9 amount			10	
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribut Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3 Excess distributions carryover, if any, to 2020				
a From 2015				
b From 2016				
c From 2017				
d From 2018				
e 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.				
4 Distributions for 2020 from Section D,				
line 7: \$				
a Applied to underdistributions of prior years				
b Applied to 2020 distributable amount				
c 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, <i>explain in Part VI</i> . See instructions.				
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7 Excess distributions carryover to 2021. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2016				
b Excess from 2017				
c Excess from 2018				
d Excess from 2019				
e Excess from 2020				

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Schedule A (Form 990 or 990-EZ) 2020

Schedule A (For	rm 990 or 990-EZ) 2020	Норе А	dvocates		81-3748327	Page 8
Part VI	Supplemental In III line 12: Part IV	nformation. Section A line	Provide the exp	anations required by Part II, line 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, an	10; Part II, line 17a or 17b; Part d 11c: Part IV, Section	
	B, lines 1 and 2; Pa	rt IV, Section C	, line 1; Part IV, S	ection D, lines 2 and 3; Part IV, S	Section E, lines 1c, 2a, 2b,	
	3a, and 3b; Part V, I	ine 1; Part V, S	Section B, line 1e	Part V, Section D, lines 5, 6, and	8; and Part V, Section E,	
	lines 2, 5, and 6. Als	so complete th	is part for any ad	itional information. (See instruct	ions.)	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

2020

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
Hope Advocates	81-3748327

Form 990-EZ, Part I, Line 16 Other Expenses

Direct Costs for Programs	\$ 19,253.
Licenses and Fees	399.
Office Expenses	366.
Volunteer Meeting	115.
Total	\$ 20,133.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Hope Advocates is a service-oriented organization involving our children in giving

of our time and talents to areas of need in the local community.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or

indirectly, to pay premiums on a personal benefit contract?..... No

(b) Did the organization, during the year, pay premiums, directly or

indirectlv.	on	а	personal	benefit	contract?	No
Indirectery,	011	u	perbonar	DCHCTTC	concrace.	110