2022 U.S. EXEMPT ORG. TAX RETURN

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Prepared for:

HANNAH'S HOPE INC. PO BOX 351 LIVINGSTON TX 77351

Mosher, Seifert & Company, CPAs

4701 Preston
Pasadena, TX 77505-2050
281-991-1099
FAX 281-991-3099

Form 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form **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.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

N 1	rui ine	e 2022 calendar year, or tax year beginning	Andrew Commen		
D (Check if applicab	, 2022, dill el	laing		
	hhingt	ore. V contract or grant Lution		Employer iden	tification number
	Addr	ess change		- inprojet tack	mountain maniper
	Name	e change HANNAH'S HOPE INC		27-148	7080
		Number and street (or P.O. box if mail is not delivered to street address) Room	/cuita F	Telephone nun	
	termi	inated PO BOX 351	Joune 1		7-2541
L	Amer	or country, and ZIP or foreign postal code			
	Applic	tation pending LIVINGSTON, TX 77351-0006	1	Group Exempt	ion
G A	Accour	nting Method: X Cash Accrual Other (specify)		Number	770
1 1	Nebsit	- (aposity)	— ¹	H Check	if the organization is
JI	ax-ex	Amond status (shoot) and W South and	7		attach Schedule B
KF	orm o	1	527	(Form 990).	
		res 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	(0-41)		
C	olumn	(B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	(Part II,		100 043
Pa	art I	(88) are \$500.000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the	o inetruo	tions for Dort I)	120,843.
		Check if the organization used Schedule O to respond to any question in this Part I	o monut	nons ioi Palti)	<u>X</u>
	1	Contributions, gifts, grants, and similar amounts received			119,893.
	2	Program service revenue including government fees and contracts	*********	2	119,093.
	3	Membership dues and assessments			
	4	Investment income SEE SCHEDILLE	0	. 3	050
	5a	Investment income SEE SCHEDULE Gross amount from sale of assets other than inventory	y	4	950.
	b	Less: cost or other basis and sales expenses 5b			
	G	Gain or (loss) from sale of assets other than inventory (subtract line 5), from line 5a)	5c		
	6	Gaming and fundraising events:	36		
-	1000	Gross income from gaming (attach Schedule G if greater than			
nue		\$15,000			
Revenue	Ь	Gross income from fundraising events (not including \$ of contributions	- interesting		
Ĕ		from fundraising events reported on line 1) (attach Schedule G if the sum of such			
				1000	
			***************************************	6d	
	d 7	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		00	
	7a	Gross sales of inventory, less returns and allowances 7a Less; cost of goods sold 7b			
	b	Less; cost of goods sold	MINESON DE SENIO	7c	
	8			8	
	9	Other revenue (describe in Schedule O) Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	120,843.
	10	Grants and similar amounts paid (list in Schedule 0)		10	
	11	Benefits paid to or for members			
35		Bestessinged they and other payments to independ contractors			WARRENCE TO THE WARRANT OF THE PARTY OF THE
<u>m</u>	13	Professional lees and other payments to independent contractors	^		7 122
Expers	14	Occupancy, rent, utilities, and maintenance SEE SCHEDULE		14	7,122.
and .	15	Printing, publications, postage, and shipping Other expenses (describe in Schedule 0) SEE SCHEDULE		15	86,790.
	16	Total expenses. Add lines 10 through 16		17	94,068.
	18	Excess or (deficit) for the year (subtract line 17 from line 9)			26,775.
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))		100000	
Assets		(must agree with end-of-year figure reported on prior year's return)		19	398,520.
	20	Other changes in net assets or fund balances (explain in Schedule 0)			0.
Zet Pet	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	425,295.
1 4	of the latest states	r Panerwork Reduction Act Notice, see the senarate instructions			Form 990-EZ (2022)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. TO PROVIDE RESIDENCES, MEDICAL SUPPLIES, AND EDUCATIONAL FUNDS FOR ABANDONED AND ORPHANED CHILDREN IN CAMBODIA.

(Grants \$) If this amount includes foreign grants, check here 28a 94,068. 29 (Grants \$) If this amount includes foreign grants, check here 30

(Grants \$) If this amount includes foreign grants, check here Other program services (describe in Schedule O)

) If this amount includes foreign grants, check here

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expe

32 Total program service expenses (add lines 28a through 31a)

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not 32 94,068.

Check if the organization used Schedule O to	respond to any question	oven if not compensated -	see the instructions fo	r Part IV)
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISQ/ 1099-NEO) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deterred compensation	(e) Estimated amount of other compensation
RHONDA HAWKINS			Compensation	
BOARD MEMBER	0.50	0.	0.	0
DANIELLE WELBORN		†	0.	0.
BOARD MEMBER	5.00	0.	0.	_
SHEILA MYERS	3.00	- ·	0.	0.
BOARD MEMBER	0.50	0.	0.	0
SHARON FREEMAN		<u> </u>	0.	0.
BOARD MEMBER	0.50	0.		_
CLEO TARVER		1 0.	0.	0.
BOARD MEMBER	0.50	0.	0.	0
HUGH MYERS				0.
LORENE BURRIGHT	0-50	NAMES OF THE PERSON OF THE PER	0.	91
BOARD MEMBER	0.50	0.	0.	0.
GLENN ADDISON		<u>`</u>	0.	<u> </u>
BOARD MEMBER	0.50	0.	0.	0.
PHANAT OUCH		0.	0.	<u> </u>
BOARD MEMBER	0.50	0.	0.	0.
AYA OUCH		1	0.	0.
BOARD MEMBER	0.50	0.	0.	0.
BRYCE WELBORN				
BOARD MEMBER	0.50	0.	0.	0.
BRADLEY WELBORN				J.
TREASURER	5.00	0.	0.	0.

Form 990-EZ (2022)

organizations; optional for others.)

30a

SCHEDULE A

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Nan	ne of	the organization		Wr of friggo for instruction	ons and t	he latest i	nformation.		Inspection
	-	HAN	NAH'S HOPE	INC				Employe	er identification numbe
-	rt l	neason for Public	Charity Status.	(All organizations must	complete	this part \	Sociosta di		27-1487980
The	orgar	nization is not a private four	ndation because it is:	(For lines 1 through 12	chock onto	uns part.)	See instructions		
	Ц	A charcil, convention of c	hurches, or associat	ion of churches describe	din acat	y one box.) (1)(A)(A)(A)		
2	\vdash	correct acachined in Set	(ii)(A)(I)(A)(II).	(Attach Schedule F (For	m 99011				
3		A Hospital of a cooperativ	e hospital service or	anization described in		70(b)(1)(A)	(iii)		
4		A medical research organicity, and state:	ization operated in c	onjunction with a hospita	l describe	d in secti	ion 170(b)(1)(A)(i	iii) Ento	r the boonitel's
E									
5		An organization operated section 170(b)(1)(A)(iv)	for the benefit of a c	ollege or university owne	d or opera	ated by a c	overnmental unit	t describ	ned in
^		יייייייייייייייייייייייייייייייייייייי	(Complete Part II.)					1 4000110	oca III
6	H	A federal, state, or local g	overnment or govern	mental unit described in	section '	170(b)(1)(A	A)(v).		
7	ш	An organization that norm	ally receives a subst	antial part of its support	from a gov	vernmenta	I unit or from the	general	Dublic described in
8		1 11 11 11 11	outinplace i dit ii.					genioral	pasio described in
9		A community trust describ	ed in section 170(b)(1)(A)(vi). (Complete Pa	rt II.)				
0.70	_	An agricultural research or	ganization described	in section 170(b)(1)(A)	(ix) opera	ted in con	junction with a la	ind-grant	college
		or university or a non-land university:	-grant college of agri	culture (see instructions).	. Enter the	name, cit	y, and state of th	e college	e or
10	X		ally receives (1)	Al- 200 4 (00)					
70.00		An organization that norm	mot functions (1) more	than 33 1/3% of its supp	port from	contributio	ons, membership	fees, an	d gross receipts from
		and to lid exe	mpt functions, subje	ct to certain exceptions:	and (2) no	more that	n 33 1/3% of ite o	cunnart f	from over the last
		income and unrelated bus See section 509(a)(2). (Co	amplete Bart III)	e (less section 511 tax) tro	om busine	esses acqu	iired by the orgar	nization a	after June 30, 1975.
11	711111	An organization organized		moly to took for a large					
12		An organization organized	and operated exclusion	cively to test for public sa	irety. See	section 5	609(a)(4).		
		An organization organized more publicly supported o	raanizations describe	ed in section 500(a)(1)	periorm	the function	ons of, or to carry	out the	purposes of one or
		more publicly supported o lines 12a through 12d that	describes the type of	of supporting organization	n and com	509(a)(2)	See section 50	9(a)(3). (Check the box on
а		Type I. A supporting org	anization operated	supervised or controlled	hy ite eun	ipiete iires	s 128, 121, and 12	2g.	
		the supported organizati	ion(s) the power to re	equiarly appoint or elect a	maiority	of the dire	ctors or trustage	of the a	giving
	ā. m.	organization. You must	complete Part IV, S	ections A and B.		or trio dire	otors or trastees	or the st	apporting
b		Type II. A supporting org	ganization supervised	d or controlled in connec	tion with it	ts support	ed organization/s	a) hy hai	vina
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage	the sun	norted
		organization(s). You mus	st complete Part IV,	Sections A and C.	en marie i k eriencege			and dup	portou
C		Type III functionally inte			in connec	tion with.	and functionally i	integrate	ed with
		its supported organization	on(s) (see instructions). You must complete I	Part IV, Se	ections A.	D. and E.	mograte	o with,
d		Type III non-functionall	y integrated. A supp	porting organization oper	ated in co	nnection v	with its supported	d organiz	zation(s)
		that is not functionally in	tegrated. The organiz	zation generally must sat	isfy a distr	ribution red	quirement and ar	attentiv	veness
	_	requirement (see instruct	tions). You must cor	mplete Part IV, Sections	A and D,	and Part	v.		
e		Check this box if the org	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II,	Type III	
	F	functionally integrated, o	r Type III non-functio	nally integrated supporting	ng organiz	zation.			
		r the number of supported	STATE OF THE PARTY						
9_	(i)	ide the following information Name of supported	n about the supporte	d organization(s). (iii) Type of organization		anization listed	(v) Amount of mo	onetany	(vi) Amount of other
		organization	***	(described on lines 1-10	Yes	No No	support (see instri		support (see instructions)
			-	above (see instructions))	103	140			, , ,
			 			<u> </u>		***	
					Annual Property of the Control of th				
	100000								
Total									

Schedule A (Form 990) 2022 HANNAH'S HOPE INC 27-1487980 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
Belleting and the second	value noted below, please complete Part III 1
Section /	Public Support

	Cal	endar year (or fiscal year beginning in)	(a) 2018	/L10040	T	7	7	
membership fees received. (Do not include any "unusual grants.") 2	1	Gifts, grants, contributions, and	(a) 2016	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
include any "unusual grants.") 2 Tax revenues levied for the organization is behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and the organization without charge turnished by a governmental unit to the organization without charge through 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. Submed line 5 from ine 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest excitities, 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 22 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2021 Schodule A, Part II, line 14 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and								
2 Tax revenues levide 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. Setrectime 5 from line 4. Section B. Total Support Calendary ser (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources and income from similar sources activities, whether or not the business is regularly carried on 9 Net income Do not include gain or loss from the sale of capital assets (Explain in Fart VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (fine 6, column (fi), divided by line 11, column (fi) 15 Public support percentage form 2021 Schedule A, Part II, line 14 16a 33 1/3% support test-2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						1		
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13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2021 Schedule A, Part II, line 14 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and			etc. (see instruction	l land		A STATE OF THE STA	- VAR 4	
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15 Public support percentage from 2021 Schedule A, Part II, line 14	14	Public support percentage for 2022 (lin	ne 6 column /f) di	ividad by line 11. a	- (a)	***************************************	TT	
10a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	15	Public support percentage from 2021 S	Schedule A. Part I	Il line 14	olumn (i))			%
stop here. The organization qualifies as a publicly supported organization	16a	33 1/3% support test - 2022. If the or	ganization did no	t check the hox or	line 13 and line 1	1 is 22 1/20/ or m	[15]	%
~ AA II AN AMMONI I IEU . UM I II IBM DILIADITADIDI DID DOLODON O DON OD IDO 13 AN 15* *** 15. ** 40. OO 1 ION	i,	stop here. The organization qualifies as	s a publicly suppo nanitation did no	orted organization	no 12 av 10s and	F 45 : 00 4 (00)	iore, check this box	and
		and stop here. The organization qualifi	ganization did no	upported organize				
								L
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,		and if the organization mosts the facts	2022. If the orga	anization did not c	heck a box on line	13, 16a, or 16b,	and line 14 is 10% o	r more,
and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts and circumstances test. The organization meets the facts and circumstances test. The organization meets the facts and circumstances test.		meets the facts and circumstances too	t The exercises:	s lest, check this	box and stop her	e. Explain in Part	VI how the organiza	ation
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	h	10% -facts-and-circumstances test	The organization	n qualities as a pul	olicly supported or	ganization		
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or		more and if the organization mast the	ZUZI. If the orga	anization did not c	neck a box on line	13, 16a, 16b, or	17a, and line 15 is 1	0% 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 mosts the forth	iacts-and-circum	stances test, chec	k this box and sto	op here. Explain i	n Part VI how the	13.70
organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization	10	Drivete form details the facts-and-circum	istances test. The	e organization qua	lifies as a publicly	supported organiz	zation	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	10	riivate loungation. If the organization	did not check a b	oox on line 13, 16a	. 16b. 17a, or 17b.	check this box a	nd see instructions	
Schedule A (Form 990) 202								Form 990) 2022

Schedule A (Form 990) 2022 HANNAH'S HOPE INC

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

Calendar year (or fiscal year beginning in	(2) 2012	T			^D art II. If the organi	
Gills, grants, contributions, and	17=010	(b) 2019	(c) 2020	(d) 2021	T	
membership fees received the	not			(u) 2021	(e) 2022	(f) Total
include any "unusual grants.")	1					
2 Gross receipts from	85,103.	85,055.	67,930.	05 15-		
- COO ICCEILIS IMM admicaia-	1		07,330.	96,465.	119,893.	454,446
merchandise sold or services per formed, or facilities furnished in	F				1	334,440
any activity that is related to the						
organization's tax-exempt purpos	20					
3 Gross receipts from activities that						
are not an unrelated trade or bus	L					
iness under section 513						
4 Tax revenues levied for the organ						
ization's benefit and either paid to				10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		
or expended on its behalf)					
5 The value of a						
5 The value of services or facilities						
furnished by a governmental unit	to					3,000
the organization without charge						
6 Total. Add lines 1 through 5	85,103.	85,055.	67,930.	06 15=		
7a Amounts included on lines 1, 2, ar	nd		07,330.	96,465.	119,893.	454,446.
3 received from disqualified perso	ns					
D Amounts included on lines 2 and 3 received						0.
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						0.
8 Public support, (Subtractions 7s from line 5	.					0.
ection B. Total Support			E4 12 3 12 12			454,446.
alendar year (or fiscal year beginning in)	(a) 2018	(b) 0010				
9 Amounts from line 6	85,103.	(b) 2019 85, 055.	(c) 2020	(d) 2021	(e) 2022	(f) Total
Ua Gross income from interest	05,103.	03,033.	67,930.	96,465.	119,893.	454,446.
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources	744	2.52				
b Unrelated business taxable income	744.	973.	476.	291.	950.	3,434.
(less section 511 taxes) from business						
acquired after June 20, 1075	es		1			
acquired after June 30, 1975						
c Add lines 10a and 10b Net income from unrelated busines	744.	973.	476.	291.	950.	3,434.
activities not included on line 10b,	SS					- J 131.
whether or not the business is					1	
regularly carried on					1	
Other income. Do not include gain or loss from the sale of capital						
consts (First in Said of Capital						
assets (Explain in Part VI.)	85,847.	86,028.	68,406.	96,756.	120,843.	457,880.
assets (Explain in Part VI.)	03,041.			5 5 7 7 5 5 6 1	120,043.	437,000.
Total support. (Add lines 9, 10c, 11, and 12) First 5 years. If the Form 990 is for	the organization's firs	t, second, third, for	urth, or fifth tax ve	ar as a section 50	1(c)(3) organization	
 Total support. (Add lines 9, 10c. 11, and 12. First 5 years. If the Form 990 is for check this box and stop here. 	r the organization's firs		urth, or fifth tax ye	ar as a section 50	1(c)(3) organization	,
Total support. (Add lines 9, 10c. 11, and 12, 4 First 5 years. If the Form 990 is for check this box and stop here ection C. Computation of Pul	r the organization's firs	entage	<u> </u>	ar as a section 50	1(c)(3) organization	,
Total support. (Add lines 9, 10c. 11, and 12, 4 First 5 years. If the Form 990 is for check this box and stop here ection C. Computation of Pul 5 Public support percentage for 2022	r the organization's firs blic Support Perc 2 (line 8, column (f), div	entage	(6)			00.25
Total support. (Add lines 9, 10c. 11. and 12. First 5 years. If the Form 990 is for check this box and stop here ection C. Computation of Pul. Public support percentage for 2022 Public support percentage from 20.	r the organization's firs blic Support Perc 2 (line 8, column (f), div 21 Schedule A Part III	entage ided by line 13, col	(6)		15	99.25 %
First 5 years. If the Form 990 is for check this box and stop here ection C. Computation of Public support percentage for 2022 Public support percentage from 20 ection D. Computation of Investigation D. Computation D. Comput	r the organization's firs blic Support Perc 2 (line 8, column (f), div 21 Schedule A, Part III estment Income I	entage ided by line 13, col . line 15 Percentage	umn (f))		15	00.25
First 5 years. If the Form 990 is for check this box and stop here ection C. Computation of Public support percentage for 2022 Public support percentage from 20 ection D. Computation of Investment income percentage for	r the organization's firs blic Support Perc 2 (line 8, column (f), div 21 Schedule A, Part III estment Income I 2022 (line 10c, column	entage ided by line 13, col . line 15 Percentage n (f), divided by line	umn (f))		15 16	99.25 % 99.45 %
First 5 years. If the Form 990 is for check this box and stop here ection C. Computation of Pulis Public support percentage for 2022 Public support percentage from 20 Public support percentage from 10 Investment income percentage from 10 Investment income percentage from 10 Public Support Support Public Support	r the organization's firs blic Support Perc 2 (line 8, column (f), div 21 Schedule A, Part III estment Income I 2022 (line 10c, column 2021 Schedule A, Pa	entage ided by line 13, col line 15 Percentage of, divided by line art Ill. line 17	umn (f))		15 16	99.25 % 99.45 %
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First 5 years. If the Form 990 is for check this box and stop here ection C. Computation of Pul Public support percentage for 2022 Public support percentage from 20 Investment income percentage from layestment income percentage from a 33 1/3% support tests - 2022. If the First 5 years. If the Form 990 is for check this box and stop here.	blic Support Perc 2 (line 8, column (f), div 21 Schedule A, Part III estment Income I 2022 (line 10c, column n 2021 Schedule A, Pathe organization did not and stop here, The organization did not neck this box and stop here stop	entage ided by line 13, col., line 15 Percentage In (f), divided by line art III, line 17 I check the box on ganization qualified check a box on line before. The organization percentage in the check and the check	umn (f)) 13, column (f)) line 14, and line 1: 5 as a publicly sup e 14 or line 19a, a	5 is more than 33 ported organization of line 16 is more	15 16 17 18 1/3%, and line 17 ion than 33 1/3%, and	99.25 % 99.45 % .75 % .55 % s not

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

Section A. All Supporting Organizations

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

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	(continued)			, age
1	Has the organization accepted a gift or contribution		Yes	s N
	Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls gither along and the following persons?			
	a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	62		
	A ramily member of a person described on line 112 above?	11a		
	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11b		
_	detail in Part VI.		- 10	
Se	ction B. Type I Supporting Organizations	11c		
				_
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of more supported organizations have the power to regularly appoint or clost at least		Yes	No
	directors, or trustees at all times during the tay years appoint of elect at least a majority of the organization's officer	5		
	effectively operated, supervised, or controlled the asset to the first flow the supported organization(s)			
	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	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Net or a Toda	
	The state of the benefit of div Simported organization other than the			1 4 5 1 6
	gamento, of that operated, supervised, or controlled the supporting propries			
	non providing such benefit carried out the purposes of the supported organization (1) if			
Se	supervised, or controlled the supporting organization. ction C. Type II Supporting Organizations	2		
	Specific Control organizations		-	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
	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			
_				
560	tion D. All Type III Supporting Organizations	1		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	search of tax year, by a written notice describing the type and amount of support provided discountry			
	(i) a dopy of the Form 990 that was most recently filed as of the date of notification and (iii)	GHOTH.		
	and a second sec		金が新	1111
2	The organization a united a united and the state of the s	1		/ Lange
	serving on the governing body of a supported organization? If "No " average is Dort M.	624		
3	or organization maintained a close and continuous working relationship with the	2	- Annual	
Ü	- 1. Supported organization's supported organization's supported organizations by	77.		
	organization's investment policies and in directing the use of the organization's	20.5		
	income of assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Charlet to the contract of the			
a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction).	ns).		7.00
b	The organization satisfied the Activities Test. Complete line 2 below			
C	The organization is the parent of each of its supported organizations. Complete line 3 below.			
2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below.	e instructions).	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	-re
	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	78.2		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement	Zd	74-15	
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	r drt VI the reasons for the organization's position that its supported organization(s) would have engaged in	17. 27		
	these activities but for the organization's involvement.	2b		- A - TT
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
a b	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. 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.	3a		73.5

Schedu Part	Le A (Form 990) 2022 HANNAH'S HOPE INC			27-1487980 p
	The support of the su	ing Organ		
1 [Check here if the organization satisfied the Integral Part Test as a qualif	ing trust	NI 00 1075 1	D-1100 C
	All other Type III non-functionally integrated supporting organizations m	ist complete	Sections A through F	Part VI). See instructi
Section	A - Adjusted Net Income			(D) C
	10 page 10 miles		(A) Prior Year	(B) Current Year (optional)
	et short-term capital gain	1		
	ecoveries of prior-year distributions	2		
3 0	her gross income (see instructions)	3		
	ld lines 1 through 3.	4		
5 De	preciation and depletion	5		
6 Po	rtion of operating expenses paid or incurred for production or			
CO	liection of gross income or for management, conservation, or			
ma	intenance of property held for production of income (see instructions)	6		
1 011	ter expenses (see instructions)	7		
8 Ad	justed Net Income (subtract lines 5, 6, and 7 from line 4)	8		<u> </u>
	B - Minimum Asset Amount	-10		
			(A) Prior Year	(B) Current Year
1 Ag	gregate fair market value of all non-exempt-use assets (see			(optional)
ins	tructions for short tax year or assets held for part of year):			
a Ave	erage monthly value of securities			
	erage monthly cash balances	1a		
c Fai	market value of other non-exempt-use assets	1b		
d Tot	al (add lines 1a, 1b, and 1c)	1c		
e Dis	count claimed for blockage or other factors	1d	Control of the Control of the Control	
(exp	plain in detail in Part VI):			
	uisition indebtedness applicable to non-exempt-use assets			
3 Sut	stract line 2 from line 1d.	2		11.00
	h deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	3		
see	instructions).			
	value of non-exempt-use assets (subtract line 4 from line 3)	4		
6 Mul	tiply line 5 by 0.035.	5		
	overies of prior-year distributions	6		
	imum Asset Amount (add line 7 to line 6)	7		
		8		
ection C	- Distributable Amount	450		0
1 Adii	isted net income for prior year the 2		Karana Parana Paran Parana Parana Paran	Current Year
2 Ente	sted net income for prior year (from Section A, line 8, column A)	1		
		2		
Ente	mum asset amount for prior year (from Section B, line 8, column A)	3		
	r greater of line 2 or line 3.	4	10 - 012	
	me tax imposed in prior year	5		
Dist	ributable Amount. Subtract line 5 from line 4, unless subject to		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	rgency temporary reduction (see instructions).	6		
' L_	Check here if the current year is the organization's first as a non-functional instructions.	y integrated	Type III supporting organic	zation (non

Schedule A (Form 990) 2022

Pa	art V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations (contin	nued)	·
Sec	ction D - Distributions		122121	1000)	Current Year
_1	Amounts paid to supported organizations to accomplish exe	empt purposes	Washington and the Control of the Co	1	
2	Amounts paid to perform activity that directly furthers exem				
	organizations, in excess of income from activity			2	
_3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	S	3	we have at a second and a second
4	Amounts paid to acquire exempt-use assets		A CONTRACTOR OF THE PROPERTY O	4	Constitution of the second
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide 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 to	the organization is responsive	W200		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		NUCLEON CO.	10	
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6	The state of the s			
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.			ŀ	
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
С	From 2019				The second of th
_d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				AND CONTRACT OF STREET
	Applied to 2022 distributable amount			WARE TO	
í	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D.				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h		And the second s		
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.			Section 1	
8	Breakdown of line 7:			100	
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022	ART THE RESIDENCE OF THE PARTY			

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	HANNAH'S	HOPE	INC		27-1487980	Dogo 0
Part VI	Supplemental Infor	mation. Provide	e the expla	nations requ	uired by Part II. line 10: Part	Il line 17a or 17h: Dort III line 19.	
	line 1; Part IV, Section D, Section D, lines 5, 6, and	lines 2 and 3: Par	IV Section	n F lines 1	22 2h 32 and 3h: Part V	tion B, lines 1 and 2; Part IV, Section (, line 1; Part V, Section B, line 1e; Part or any additional information.	C, · V,
	(See instructions.)						
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Schedule B

(Form 990)

Department of the Treasury internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Name of the organization

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

Employer identification number

	HANNAH'S HOPE INC	27 1407000
Organization type (che	sk one):	27-1487980
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 organizatio	n is covered by the General Rule or a Special Rule.	
Note: Only a section 501	(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	- 0
General Rule	The state of the s	3. See instructions.
acricial Hule		
X For an organizat	ion filing Form 990, 990.FZ, or 990 PE that received discourse	
property) from a	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor's	\$5,000 or more (in money or
	and it. See instructions for determining a contributor's	total contributions.
Special Rules		
For an organizati	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to	est of the regulations under
(/)	7 and 17 ((a)(1)(A)(V), that checked Schedule A (Form 990) Part II line 13 160 or 16h and	Mark
was a second and a second	is the four total contributions of the greater of (1) \$5 000 or (2) 2% of the amount on the	orm 990. Part VIII. line 1h:
or (ii) Form 990-E	Z, line 1. Complete Parts I and II.	and the thing and this
For an organizati	On described in section 501(aVZ) (0) (40) (V	
contributor, durir	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ar ig the year, total contributions of more than \$1,000 exclusively for religious, charitable, scie	ny one
literary, or educa	ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (en	ntific,
"N/A" in column	b) instead of the contributor name and address), II, and III.	tering
Vear contribution	on described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from an	y one contributor, during the
) - an , bon and action	exclusively for religious, charitable, etc., purposes, but no such contributions totaled more	rathan \$1 000 lethic h
purpose. Don't co	here the total contributions that were received during the year for an exclusively religious, emplete any of the parts unless the General Rule applies to this organization because it re	charitable, etc.,
religious, charitat	le, etc., contributions totaling \$5,000 or more during the year	ceived nonexclusively \$
	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For	
swer "No" on Part IV. lin	e 2. of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, P	n 990), but it must
at it doesn't meet the filir	of the Form 990 of the Box on line H of its Form 990 EZ or on its Form 990 PF, P g requirements of Schedule B (Form 990).	art I, line 2, to certify
A For Paperwork Reduct	ion Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schodule D. (Farmance) (a)
		Schedule B (Form 990) (20

2022 DEPRECIATION AND AMORTIZATION REPORT

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For Beginning Current Current Year Accumulated Sec 179 Deduction Expense 5,455. 10.	LOWE	FORM 390-EG PAGE I				L		990-EZ	2	,					
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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

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AND TOTAL 990-LE FO I	Assel No.		Date Acquired	Method	Life				Section 179 Expense	NAME AND ADDRESS OF THE OWNER, TH	TO SERVICE AND ADDRESS OF THE PERSON	Beginning Accumulated	Current Sec 179	Current Year Deduction	Ending Accumulate
AND TOTALL 9.90 - EZ 20 1		* 990-EZ PG 1 TOTAL TRANSPORTATION EQUIPMENT					077 08					Depreciation	Expense		Depreciatio
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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number HANNAH'S HOPE INC 27-1487980 FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: DESCRIPTION OF PROPERTY: AMOUNT: INTEREST 950. FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE: DESCRIPTION OF EXPENSES: AMOUNT: DEPRECIATION 7,122. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: ACCOUNTING 895. SUPPLIES 37,308. CAMBODIAN ASSISTANTS 30,480. TAXES 618. BUSINESS EXPENSES 7,239. MEDICAL 3,390. TRAVEL 6,860. TOTAL TO FORM 990-EZ, LINE 16 86,790. FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: DESCRIPTION BEG. OF YEAR END OF YEAR OTHER DEPRECIABLE ASSETS 1,725. 1,042. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVIDE RESIDENCES FOR THE CHILDREN, TO SEND THEM TO PUBLIC SCHOOL AND TO PROVIDE STAFF TO

CARE FOR THE CHILDREN.

J 4

Name of the organization

HANNAH'S HOPE INC Part IV List of Officers, Directors, Trustees, and Key	/ Employees.		Employer identifi 27-14879	eation number 80
	List each one	even if not compensated	d. (see the instructions for	or Part IV.)
(a) Name and title ROBERT BURRIGHT	(b) Average hours per week devoted to position	(C) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-	s (d) Health benefits, contributions to employee benefit	(e) Estimated amount of other compensation
PRESIDENT			Compensation	
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LORIE ADDISON	1 3.00	0	0.	0.
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