

2025 Exempt Org. Return
prepared for:

OPERATION HOPE INC
191 PEACHTREE STREET NE Suite 3840
ATLANTA, GA 30303

FULTON & KOZAK LLC
7187 JONESBORO RD STE 100A
MORROW, GA 30260

PUBLIC INSPECTION COPY

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2025

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2025 calendar year, or tax year beginning , 2025, and ending , 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C OPERATION HOPE INC, 191 PEACHTREE STREET NE #3840, ATLANTA, GA 30303. D Employer identification number 95-4378084. E Telephone number (404) 941-2919. F Name and address of principal officer: BRIAN BETTS, SAME AS C ABOVE. G Gross receipts \$ 34,530,212. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. I Tax-exempt status: X 501(c)(3). J Website: WWW.OPERATIONHOPE.ORG. K Form of organization: X Corporation. L Year of formation: 1992. M State of legal domicile: CA.

Part I Summary. Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Financial metrics. 8-12 Revenue (Prior Year, Current Year). 13-19 Expenses (Prior Year, Current Year). 20-22 Net Assets or Fund Balances (Beginning of Current Year, End of Year).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer BRIAN BETTS, Date 6/22/26, Title PRESIDENT/CFO. Paid Preparer Use Only: Preparer's name SHEILA M. KOZAK, CPA, Date 6/16/26, Firm's name FULTON & KOZAK LLC, Firm's address 7187 JONESBORO RD STE 100A, MORROW, GA 30260, PTIN P00687026, Firm's EIN 20-1403280, Phone no. 770-961-4200.

May the IRS discuss this return with the preparer shown above? See instructions. X Yes No

PUBLIC INSPECTION COPY

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

OPERATION HOPE'S MISSION IS TO EXPAND ECONOMIC OPPORTUNITY IN UNDERSERVED COMMUNITIES THROUGH FINANCIAL EDUCATION AND EMPOWERMENT BY OFFERING PROGRAMS THAT CREATE STABILIZED COMMUNITIES AND FINANCIAL STAKEHOLDERS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 27,428,430. including grants of \$) (Revenue \$)

HOPE INSIDE - HOPE INSIDE GIVES CLIENTS THE RESOURCES TO IMPROVE THEIR FINANCIAL SITUATIONS. THROUGH OUR 700-CREDIT SCORE INITIATIVE, WE APPROVE CLIENTS AS SOON AS THEY SEEK ASSISTANCE, COMMIT TO THE RESOLUTION OF PRIMARY CREDIT DENIAL FACTORS, AND RAISED FICO SCORES AN AVERAGE OF 39 POINTS. PROGRAMS OFFERED: FINANCIAL LITERACY WORKSHOPS, ENTREPRENEURIAL TRAINING AND COUNSELING FOR FORECLOSURE PREVENTION, MONEY MANAGEMENT, HOMEOWNERSHIP, SMALL BUSINESS, AND CREDIT & MONEY MANAGEMENT. IN 2025, HOPE PROVIDED 333,723 ADULT SERVICES AND EXPANDED OUR HOPE INSIDE NETWORK TO 345 LOCATIONS. OUR CLIENTS ACHIEVED THE FOLLOWING: INCREASED SAVINGS BY \$1,000 AND REDUCED DEBT BY \$1,933.

4b (Code:) (Expenses \$ 3,993,720. including grants of \$ 25,935.) (Revenue \$)

1MBB - HOPE'S 1 MILLION BLACK BUSINESSES INITIATIVE (1MBB) PROVIDES THE BLACK COMMUNITY A SUCCESSFUL PATH TO WEALTH CREATION THROUGH SUSTAINABLE AND PROFITABLE BUSINESS OWNERSHIP. 1MBB PARTICIPANTS CAN TAKE ADVANTAGE OF COACHING AND EDUCATIONAL SERVICES, ACCESS TO EXPERT VOLUNTEERS AND MORE. THE 1MBB INITIATIVE IS AN EXTENSION OF THE HOPE SMALL BUSINESS PROGRAM WITH ACCESS TO ADDITIONAL RESOURCES AS MADE POSSIBLE BY SUPPORT FROM KEY 1MBB PARTNERS. HOPE'S TEAM OF DEDICATED SMALL BUSINESS COACHES CAN HELP ENTREPRENEURS AND NEW OR EXISTING SMALL BUSINESS OWNERS IDENTIFY THEIR KEY NEEDS AND THEN PROVIDE THE EDUCATION, COACHING AND CONNECTIONS NEEDED TO IMPROVE THEIR BUSINESSES. FROM PROGRAM INCEPTION TO DATE, HOPE HAS SUPPORTED MORE THAN 469,896 UNIQUE BLACK-OWNED BUSINESSES, WHICH ACCOUNTS FOR APPROXIMATELY 5% OF ALL BLACK-OWNED BUSINESSES IN THE U.S.

4c (Code:) (Expenses \$ 3,396,494. including grants of \$ 848,452.) (Revenue \$)

YOUTH - HOPE'S BANKING ON OUR FUTURE (BOOF) PROGRAM HAS OPERATED IN 304 U.S. CITIES AND 3 PROVINCES IN SOUTH AFRICA AND HAS EDUCATED OVER 1 MILLION YOUTH. THE PROGRAM IS THE RECIPIENT OF THE 11TH JOHN SHERMAN AWARD FOR FINANCIAL EDUCATION GIVEN BY THE US TREASURY DEPARTMENT. HOPE'S BUSINESS IN A BOX ACADEMIES (HBIABA) IS A NATIONAL INITIATIVE TO HARNESS THE ECONOMIC ENERGY OF YOUTH AND BRING POSITIVE ROLE MODELS INTO UNDERSERVED COMMUNITIES. HOPE'S CHILD SAVINGS ACCOUNT (CSA) PROGRAM PROVIDES QUALIFYING ATLANTA PUBLIC SCHOOLS (APS) KINDERGARTNERS WITH A FREE SAVINGS ACCOUNT AND A ONE-TIME DEPOSIT OF \$50. THE SAVINGS ACCOUNTS ARE A STARTING POINT RESERVED FOR EXPENSES RELATED TO POST-SECONDARY EDUCATION AND CAREER PREPARATION. IN 2025, HOPE IMPACTED AND SERVICED 11,272 YOUTH AND YOUNG ADULTS.

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O (Expenses \$ 1,820,990. including grants of \$ 184,026.) (Revenue \$)

4e Total program service expenses 36,639,634.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (11), 1b (10), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b (SEE SCHEDULE O), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

BRIAN BETTS, PRESIDENT & CFO 191 PEACHTREE ST STE 3840 ATLANTA GA 30303 (404) 941-2920

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

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) JOHN BRYANT CHAIRMAN/CEO	40 0	X		X			774,442.	0.	27,116.
(2) BRIAN BETTS PRESIDENT & CFO	40 0			X			466,956.	0.	20,054.
(3) RACHAEL DOFF CAO	40 0			X			319,290.	0.	21,485.
(4) KEVIN BOUCHER EVP, CHIEF COMM. & STRAT OFFIC	40 0				X		270,058.	0.	20,490.
(5) LANCE TRIGGS EVP, PRESIDENT HOPE PROGRAMS	40 0				X		270,914.	0.	17,687.
(6) MARY HAGERTY EHRSAM EVP, PRESIDENT, HOPE PARTNERSH	40 0				X		236,479.	0.	21,132.
(7) JENNIFER WOLFORD CHIEF INNOVATION OFFICER	40 0				X		242,948.	0.	7,581.
(8) JENA ROSCOE SVP, GOVT RELATIONS & PUBLIC P	40 0				X		192,611.	0.	13,714.
(9) RODRICK MCGREW CHIEF CULTURAL OFFICER	40 0				X		187,682.	0.	2,641.
(10) JAMES EBERHART CHIEF EXPERIENCE OFFICER	40 0				X		182,428.	0.	6,027.
(11) MARGO LUCERO CHIEF GROWTH & REVENUE OFFICER	40 0				X		172,972.	0.	2,423.
(12) KEITH HARRIS CHIEF PEOPLE OFFICER	0 0				X		171,431.	0.	1,665.
(13) MICHAEL SMITH SVP FINANCE & ACCT	40 0					X	149,618.	0.	19,502.
(14) WILLIAM FAIR DIRECTOR, BUS CUL	40 0					X	143,849.	0.	19,712.

BAA

TEEA0107L 09/18/25

Form 990 (2025)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) EVELYN DUCOULOMBIER SVP, C&C AFFAIRS	40 0					X	144,723.	0.	15,563.
(16) CREON SUTTON SVP, INFO TECH	40 0					X	138,677.	0.	14,121.
(17) JEANETTA WILLIAMS SVP, HR	40 0					X	123,593.	0.	12,720.
(18) KELLY COFFEY BOARD MEMBER	1 0	X					0.	0.	0.
(19) MICHAEL AROUGHETI BOARD MEMBER	1 0	X					0.	0.	0.
(20) BRYAN JORDAN BOARD MEMBER	1 0	X					0.	0.	0.
(21) TIM WELSH BOARD MEMBER	1 0	X					0.	0.	0.
(22) SARAH FRIAR BOARD MEMBER	1 0	X					0.	0.	0.
(23) JED YORK BOARD MEMBER	1 0	X					0.	0.	0.
(24) TIMOTHY WENNES BOARD MEMBER	1 0	X					0.	0.	0.
(25) BRAD HANSON BOARD MEMBER	1 0	X					0.	0.	0.
1b Subtotal							4,188,671.	0.	243,633.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							4,188,671.	0.	243,633.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 28									

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
TOPTAL LLC 2810 N CHURCH ST #36879 WILMINGTON, DE 19802	CONSULTATION	330,128.
IACC LLC 19032 SNOWBERRY COURT LEESBURG, VA 20176	CONSULTATION	936,326.
PER SE MEDIA GROUP LLC 2221 PEACHTREE RD NE STE D510 ATLANTA, GA 303	PUBLIC RELATIONS	195,173.
MENDEL COMMUNICATIONS LLC 3 COLUMBUS CIRCLE NEW YORK, NY 10019	PUBLIC RELATIONS	178,500.
FLYING FROG CONSULTANTS LLC 2985 GORDY PKWY MARIETTA, GA 30066	CONSULTATION	168,000.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5		

Department of the Treasury
Internal Revenue Service

Name of the Organization OPERATION HOPE INC	Employer identification number 95-4378084
---	---

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FRANK MARTELL BOARD MEMBER	1 0	X						0.	0.	0.
(2) STEPHEN RYAN, ESQ. BOARD MEMBER	1 0	X						0.	0.	0.
(3) -----										
(4) -----										
(5) -----										
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,289,489.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	30,547,026.				
	g Noncash contributions included in lines 1a-1f	1g	81,595.				
	h Total. Add lines 1a-1f		31,836,515.				
	Program Service Revenue	2a Business Code					
b -----							
c -----							
d -----							
e -----							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		156,177.			156,177.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses	6b				
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities		750,685.	1,786,835.		
		(ii) Other					
		b Less: cost or other basis and sales expenses	7b	641,235.	1,743,719.		
	c Gain or (loss)	7c	109,450.	43,116.			
	d Net gain or (loss)			152,566.		152,566.	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses		9b				
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold		10b				
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a Business Code						
	b -----						
	c -----						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			32,145,258.	0.	0.	308,743.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,058,413.	1,058,413.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,432,304.	2,203,728.	1,331,077.	897,499.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	24,021,174.	21,853,732.	1,425,963.	741,479.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	2,747,369.	2,410,929.	210,773.	125,667.
10 Payroll taxes	2,091,952.	1,774,650.	198,986.	118,316.
11 Fees for services (nonemployees):				
a Management				
b Legal	88,851.	3,405.	85,446.	
c Accounting	74,057.		74,057.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	3,076,404.	2,455,401.	503,718.	117,285.
12 Advertising and promotion	277,570.	198,136.	67,834.	11,600.
13 Office expenses	1,513,489.	1,244,537.	155,521.	113,431.
14 Information technology				
15 Royalties				
16 Occupancy	434,353.	222,677.	210,176.	1,500.
17 Travel	1,042,200.	692,540.	29,238.	320,422.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,593,762.	1,593,762.		
20 Interest	87,420.		87,420.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	384,217.	312,916.	71,301.	
23 Insurance	346,967.	269,929.	54,929.	22,109.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a TELECOMMUNICATION	364,242.	317,656.	28,387.	18,199.
b IN-KIND GOODS	30,623.	27,223.	3,400.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	43,665,367.	36,639,634.	4,538,226.	2,487,507.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash – non-interest-bearing	1,688,828.	1	1,032,975.
	2 Savings and temporary cash investments	5,322,962.	2	3,906,236.
	3 Pledges and grants receivable, net	43,817,493.	3	36,605,827.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	203,024.	9	223,672.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,743,950.		
	b Less: accumulated depreciation	10b 4,091,175.	2,773,811.	10c 652,775.
	11 Investments – publicly traded securities	1,128,976.	11	815,243.
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,410,970.	15	1,197,451.
16 Total assets. Add lines 1 through 15 (must equal line 33)	56,346,064.	16	44,434,179.	
Liabilities	17 Accounts payable and accrued expenses	4,461,131.	17	5,185,312.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	853,110.	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,495,243.	25	1,230,641.
	26 Total liabilities. Add lines 17 through 25	6,809,484.	26	6,415,953.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	-9,578,202.	27	-9,228,956.
	28 Net assets with donor restrictions	59,114,782.	28	47,247,182.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	49,536,580.	32	38,018,226.	
33 Total liabilities and net assets/fund balances	56,346,064.	33	44,434,179.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	32,145,258.
2	Total expenses (must equal Part IX, column (A), line 25)	2	43,665,367.
3	Revenue less expenses. Subtract line 2 from line 1	3	-11,520,109.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	49,536,580.
5	Net unrealized gains (losses) on investments	5	1,755.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	38,018,226.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization OPERATION HOPE INC	Employer identification number 95-4378084
---	---

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 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)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must 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 with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - 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 (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person that exceeds 2%; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 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; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows 14 and 15 show public support percentages for 2025 and 2024 respectively.

16a 33-1/3% support test—2025. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. [X]

b 33-1/3% support test—2024. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. []

17a 10%-facts-and-circumstances test—2025. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. []

b 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. []

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. []

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

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

Section A. Public Support

Table with 7 columns: (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2024 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2024 Schedule A, Part III, line 17 18%.

19a 33-1/3% support tests-2025. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3% support tests-2024. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year. Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows 2a, 2b. Row 3: Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below. Sub-rows 3a, 3b, 3c.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	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	Total annual distributions. Add lines 1 through 5.	6
7	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	7
8	Distributable amount for 2025 from Section C, line 6	8
9	Line 7 amount divided by line 8 amount	9

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: \$			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, 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 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2026. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

BAA

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2025	2024	2023	2022	2021
OTHER INCOME					\$ 642.
TOTAL	\$ 0.	\$ 0.	\$ 0.	\$ 0.	\$ 642.

**Schedule B
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

OPERATION HOPE INC

Employer identification number

95-4378084

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$ _____

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

Name of organization OPERATION HOPE INC	Employer identification number 95-4378084
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 3,432,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 4,450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,216,615.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 2,867,551.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,544,599.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,707,579.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

Name of organization OPERATION HOPE INC	Employer identification number 95-4378084
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 1,166,076.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 667,603.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 878,343.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 1,945,592.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC INSPECTION COPY

SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

OPERATION HOPE INC

95-4378084

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, aggregate value of grants, and aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a-2d for total number, total acreage, number of easements on historic structure, and number of easements on historic structure acquired after July 25, 2006.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

PUBLIC INSPECTION COPY

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations?	3a(i)	
(ii) Related organizations?	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		994,290.	860,614.	133,676.
d Equipment		3,592,785.	3,144,576.	448,209.
e Other		156,875.	85,985.	70,890.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B).)				652,775.

Part VII Investments – Other Securities		N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
Total. (Column (b) must equal Form 990, Part X, line 12, column (B))		

Part VIII Investments – Program Related		N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, column (B))		

Part IX Other Assets		N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.		
(a) Description	(b) Book value	
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 15, column (B))		

Part X Other Liabilities		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.		
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASES LIABILITY	1,230,641.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, column (B))		1,230,641.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	38,354,660.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2a	1,755.
	b Donated services and use of facilities	2b	6,207,647.
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	6,209,402.
3	Subtract line 2e from line 1	3	32,145,258.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	32,145,258.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	49,873,014.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	6,207,647.
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	6,207,647.
3	Subtract line 2e from line 1	3	43,665,367.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	43,665,367.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FASB ASC 740 FOOTNOTE

HOPE'S APPLICATION OF ASC 740 REGARDING UNCERTAIN TAX POSITIONS HAD NO EFFECT ON ITS FINANCIAL POSITION AS MANAGEMENT BELIEVES HOPE HAS NO MATERIAL UNRECOGNIZED INCOME TAX BENEFITS, INCLUDING ANY POTENTIAL RISK OF LOSS OF ITS NOT-FOR-PROFIT STATUS. HOPE WOULD ACCOUNT FOR ANY POTENTIAL INTEREST OR PENALTIES RELATED TO POSSIBLE FUTURE LIABILITIES FOR UNRECOGNIZED INCOME TAX BENEFITS AS INCOME TAX EXPENSE. HOPE IS NO LONGER SUBJECT TO EXAMINATION BY FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR PERIODS BEFORE 2022.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

OPERATION HOPE INC

Employer identification number

95-4378084

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0
- 3 Enter total number of other organizations listed in the line 1 table 0

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

TEEA3901L 11/13/24

Schedule I (Form 990) (Rev. 12-2024)

PUBLIC INSPECTION COPY

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 CLIENT ASSISTANCE-CCAP	134	149,657.		FMV	
2 CLIENT ASSISTANCE-HELPING HAND FUND	16	46,238.		FMV	
3 CLIENT INCENTIVE	3,148	862,518.		FMV	
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

FINANCIAL LITERACY PROGRAM GRADUATE INCENTIVE - OPERATION HOPE PROVIDED SIX MONTHS OF FINANCIAL LITERACY AND EMPOWERMENT CURRICULUM THROUGH PERSONAL FINANCIAL COACHING FOR BUDGETING, SAVING, IMPROVING CREDIT SCORES, AND ESTABLISHING AND MANAGING CREDIT. IN ADDITION TO COMPLETING THE PROGRAM, GRADUATES ALSO RECEIVED \$1,000 TO BEGIN SAVING, INVESTING, OR PAYING DOWN DEBT IN HONOR OF THEIR NEWLY LEARNED FINANCIAL LITERACY SKILLS. THE LIST OF GRADUATES AND SUPPORTING DOCUMENTION WAS PROVIDED BY OPERATION HOPE COACHES TO THE ACCOUNTING DEPARTMENT TO PROCESS PAYMENTS. THE CFO PROVIDED PAYMENT APPROVALS PRIOR TO DISTRIBUTION OF FUNDS.

CHILD SAVINGS ACCOUNT - THE HOPE CHILD SAVINGS ACCOUNT (CSA) PROGRAM PROVIDES

PUBLIC INSPECTION COPY

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (CONTINUED)

QUALIFYING ATLANTA PUBLIC SCHOOL (APS) KINDERGARTNERS WITH A FREE SAVINGS ACCOUNT AND A ONE-TIME DEPOSIT OF \$50. THE SAVINGS ACCOUNT, MANAGED BY OPERATION HOPE, WILL BE A STARTING POINT FOR SAVINGS RESERVED FOR EXPENSES RELATED TO POST-SECONDARY EDUCATION AND CAREER PREPARATION. HOPE AND APS WILL WORK TOGETHER TO CREATE OTHER OPPORTUNITIES FOR ADDITIONAL INCENTIVE DEPOSITS. STUDENTS AND THEIR FAMILIES WILL BE ENCOURAGED TO ADD TO THE SAVINGS ACCOUNTS AS WELL. THE ELIGIBLE LIST OF STUDENTS IS PROVIDED BY APS TO THE DIRECTOR OF THE PROGRAM AND A SAVINGS ACCOUNT IS SETUP FOR EACH STUDENT. ACCOUNT STATUS, AS WELL AS CONTINUED ELIGIBILITY, IS MANAGED BY A THIRD-PARTY PORTAL PROVIDED BY THE BANKING INSTITUTION IN WHICH THE ACCOUNTS ARE DEPOSITED AND HELD. UPON GRADUATION FROM AN APS HIGHSCHOOL, THE ACCOUNTING DEPARTMENT WILL BE PROVIDED WITH ACCOUNT BALANCES AND SUPPORTING DOCUMENTATION TO REVIEW AND PROCESS PAYMENTS. CFO WILL APPROVE ALL PAYMENTS PRIOR TO DISTRIBUTION OF FUNDS.

CCAP - OPERATION HOPE CREATED A PARTNERSHIP WITH FULTON FINANCIAL SERVICES TO PROVIDE DOWN PAYMENT AND CLOSING ASSISTANCE TO LOW AND MODERATE-INCOME INDIVIDUALS PURCHASING RESIDENTIAL REAL ESTATE. HOPE WILL ACCEPT REFERRALS FROM FULTON FINANCIAL OR OTHER SOURCES. THE PRIMARY GEOGRAPHICAL AREA INCLUDES BUT NOT LIMITED TO MARYLAND, NEW JERSEY, PENNSYLVANIA AND VIRGINIA. THE REFERRAL APPLICATIONS ARE REVIEWED BY A HOPE PROGRAM MANAGER TO DETERMINE ELIGIBILITY AND AMOUNT OF ASSISTANCE TO BE PROVIDED, WHICH RANGES FROM \$1,000 TO \$2,500. AN ACCEPTANCE LETTER IS GENERATED AND RETURNED TO THE REFERRAL SOURCE. THE REFERRAL PARTNER THEN PROVIDES WIRING INSTRUCTIONS FROM THE CLOSING ATTORNEY THROUGH SECURED EMAIL. HOPE'S ACCOUNTING DEPARTMENT WILL THEN CREATE A WIRE IN A BANK ACCOUNT MAINTAINED AT FULTON BANK. ONCE THE WIRE IS ENTERED, AN APPROVAL CODE IS SENT TO THE CFO. THE CFO WILL THEN APPROVE THE WIRE AND RELEASE OF FUNDS TO THE CLOSING ATTORNEY.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

OPERATION HOPE INC

Employer identification number

95-4378084

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) (Rev. 12-2024)

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation			
JOHN BRYANT	(i)	642,442.	132,000.	0.	10,500.	16,616.	801,558.	0.
1 CHAIRMAN/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
BRIAN BETTS	(i)	384,456.	82,500.	0.	10,461.	9,593.	487,010.	0.
2 PRESIDENT & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
RACHEL DOFF	(i)	258,790.	60,500.	0.	7,777.	13,708.	340,775.	0.
3 CAO	(ii)	0.	0.	0.	0.	0.	0.	0.
KEVIN BOUCHER	(i)	218,758.	51,300.	0.	2,570.	17,920.	290,548.	0.
4 EVP, CHIEF COMM. & STRAT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
LANCE TRIGGS	(i)	219,914.	51,000.	0.	1,424.	16,263.	288,601.	0.
5 EVP, PRESIDENT HOPE PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
MARY HAGERTY EHSAM	(i)	197,979.	38,500.	0.	4,869.	16,263.	257,611.	0.
6 EVP, PRESIDENT, HOPE PARTNERSHIPS	(ii)	0.	0.	0.	0.	0.	0.	0.
JENNIFER WOLFORD	(i)	209,948.	33,000.	0.	6,889.	692.	250,529.	0.
7 CHIEF INNOVATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
JENA ROSCOE	(i)	175,111.	17,500.	0.	5,939.	7,775.	206,325.	0.
8 SVP, GOVT RELATIONS & PUBLIC POLICY	(ii)	0.	0.	0.	0.	0.	0.	0.
RODRICK MCGREW	(i)	168,782.	18,900.	0.	957.	1,684.	190,323.	0.
9 CHIEF CULTURAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
JAMES EBERHART	(i)	165,378.	17,050.	0.	5,475.	552.	188,455.	0.
10 CHIEF EXPERIENCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
MARGO LUCERO	(i)	172,972.	0.	0.	1,835.	588.	175,395.	0.
11 CHIEF GROWTH & REVENUE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
KEITH HARRIS	(i)	155,481.	15,950.	0.	1,142.	523.	173,096.	0.
12 CHIEF PEOPLE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL SMITH	(i)	134,918.	14,700.	0.	4,781.	14,721.	169,120.	0.
13 SVP FINANCE & ACCT	(ii)	0.	0.	0.	0.	0.	0.	0.
WILLIAM FAIR	(i)	131,749.	12,100.	0.	3,552.	16,160.	163,561.	0.
14 DIRECTOR, BUS CUL	(ii)	0.	0.	0.	0.	0.	0.	0.
EVELYN DUCOULOMBIER	(i)	130,773.	13,950.	0.	2,886.	12,677.	160,286.	0.
15 SVP, C&C AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
CREON SUTTON	(i)	128,277.	10,400.	0.	4,365.	9,756.	152,798.	0.
16 SVP, INFO TECH	(ii)	0.	0.	0.	0.	0.	0.	0.

BAA

TEEA4102L 12/17/24

Schedule J (Form 990) (Rev. 12-2024)

PUBLIC INSPECTION COPY

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PUBLIC INSPECTION COPY

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2025

**Open to Public
Inspection**

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

Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

OPERATION HOPE INC

Employer identification number

95-4378084

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded	X	1	50,972.	FMV
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential				
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (HGF _____)	X	5	30,623.	FMV
26 Other (_____)				
27 Other (_____)				
28 Other (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgment

29

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
 - b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 - b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

OPERATION HOPE INC

Employer identification number

95-4378084

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

EXPENSES	INCLUDING GRANTS	REVENUE
813,400.		
FL4A- HOPE FINANCIAL LITERACY FOR ALL IS A NATIONAL INITIATIVE TO EMBED FINANCIAL LITERACY INTO AMERICAN CULTURE, LED BY A PROMINENT GROUP OF LEADERS FROM BUSINESS, SPORTS, ENTERTAINMENT AND NONPROFIT SECTORS. THIS 10-YEAR INITIATIVE WILL REACH MILLIONS OF YOUTHS AND WORKING ADULTS BY MAKING FINANCIAL LITERACY FUN, WHILE ENGAGING THEM WHERE THEY LIVE, WORK, AND CELEBRATE.		

EXPENSES	INCLUDING GRANTS	REVENUE
784,088.	28,434.	
DISASTER - HOPE IS A NATIONAL PARTNER OF FEMA, ADDRESSING FINANCIAL DISASTER PREPAREDNESS, RESPONSE, AND RECOVERY. OTHER DISASTER PARTNERS INCLUDE THE AMERICAN RED CROSS, THE ECONOMIC DEVELOPMENT ADMINISTRATION (EDA), CORPORATIONS, AND OTHER VOLUNTEER ORGANIZATIONS. SINCE 2001, HOPE HAS HELPED OVER 1.5 MILLION INDIVIDUALS WITH PRE-DISASTER FINANCIAL PREPAREDNESS AND COUNSELING, POST DISASTER FINANCIAL RECOVERY, AND FEMA APPLICATION ASSISTANCE TO FAMILIES AFFECTED IN 148 MAJOR DISASTERS ACROSS 30 STATES AND PUERTO RICO. IN 2025, HOPE EMPOWERED 11,087 CLIENTS ACROSS THE UNITED STATES WITH THE TOOLS AND RESOURCES NEEDED TO SURVIVE AND THRIVE BEFORE AND AFTER A DISASTER.		

EXPENSES	INCLUDING GRANTS	REVENUE
223,502.	155,592.	
CCAP - HOPE'S CLOSING COST ASSISTANCE PROGRAM (CCAP) PROVIDES CLOSING COST ASSISTANCE FOR CLIENTS IN PARTNERSHIP WITH FULTON BANK. IN 2025, THE CCAP PROGRAM HELPED CLIENTS GET APPROVED FOR \$236,500 IN CLOSING COST ASSISTANCE GRANTS AND SECURING MORE THAN \$68.5 MILLION IN MORTGAGE LENDING. SINCE INCEPTION, THIS PARTNERSHIP HAS ASSISTED IN ALLOCATING MORE THAN \$10.7 MILLION IN DOWN-PAYMENT ASSISTANCE GRANTS TO HELP CLIENTS OBTAIN MORE THAN 7,000 FUNDED MORTGAGE LOANS TOTALING MORE THAN \$1.24 BILLION DOLLARS.		

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

OPERATION HOPE INC

Employer identification number

95-4378084

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE 990 IS REVIEWED AND APPROVED BY THE CFO AND AUDIT COMMITTEE PRIOR TO SUBMISSION TO THE GOVERNING BOARD FOR FINAL APPROVAL BEFORE FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

DIRECTORS ARE REQUIRED TO SUBMIT CONFLICT OF INTEREST QUESTIONNAIRES TO THE BOARD'S GOVERNANCE COMMITTEE. DIRECTORS ARE ALSO REQUESTED TO NOTIFY THE FULL BOARD IF ANY CONFLICTS OF INTEREST ARISES BETWEEN SURVEYS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE EXEC COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION ANNUALLY FOR THE OFFICERS AND EXECUTIVE LEADERSHIP.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE EXEC COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION ANNUALLY FOR THE OFFICERS AND EXECUTIVE LEADERSHIP.

FORM 990 , PART VI, LINE 17 - LIST OF STATES WHICH THIS RETURN IS FILED

AL AR CA FL GA HI IL KS KY MD MA MI MN MS NH NJ NM NY OR PA RI SC TN UT VA WV WI

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION'S ACCOUNTANT PROVIDES A COPY OF FORM 990 SPECIFICALLY FOR PUBLIC INSPECTION. THE ORGANIZATION POSTS A COPY OF FORM 990 TO THE AGENCY WEBSITE, GUIDESTAR, AND CHARITY NAVIGATOR ALONG WITH MAKING THE RETURN AVAILABLE UPON REQUEST.

**SCHEDULE R
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

OPERATION HOPE INC

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

95-4378084

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HOPE ADVISORS, LLC 191 PEACHTREE ST NE STE 3840 ATLANTA, GA 30303 20-8380765	CONSULTING	GA	0.	0.	OPERATION HOPE INC
(2) OPERATION HOPE PROPERTIES LLC 191 PEACHTREE ST NE STE 3840 ATLANTA, GA 30303	REAL ESTATE	GA	46,237.	0.	OPERATION HOPE INC
(3) ----- ----- -----					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) ----- ----- -----							
(2) ----- ----- -----							
(3) ----- ----- -----							
(4) ----- ----- -----							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ----- ----- -----												
(2) ----- ----- -----												
(3) ----- ----- -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) ----- ----- -----									
(2) ----- ----- -----									
(3) ----- ----- -----									

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

PUBLIC INSPECTION COPY

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

OPERATION HOPE INC

95-4378084

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
<u>BUILDINGS</u>																
68	TUCKER BUILDING	9/30/22	12/31/25	700,000							700,000	41,453	S/L	39		17,949
	TOTAL BUILDINGS			700,000		0	0	0	0	0	700,000	41,453				17,949
<u>FURNITURE AND FIXTURES</u>																
42	OFFICE FURNITURE - 191	11/01/21		134,439							134,439	56,761	S/L	7.5		17,925
69	OFFICE FURNITURE	1/31/22		300							300	120	S/L	7.5		40
70	OFFICE FURNITURE	4/01/22		5,802							5,802	2,280	S/L	7		829
71	OFFICE FURNITURE	4/01/22		5,802							5,802	2,211	S/L	7		829
72	OFFICE FURNITURE	6/07/22		3,765							3,765	1,390	S/L	7		538
73	OFFICE FURNITURE	11/01/22		6,767							6,767	2,095	S/L	7		967
	TOTAL FURNITURE AND FIXTURE			156,875		0	0	0	0	0	156,875	64,857				21,128
<u>IMPROVEMENTS</u>																
2	EBENEEZER 1ST PMT	8/20/10		100,000							100,000	107,167	S/L	10		0
3	EBENEEZER 2ND PMT	4/02/12		87,500							87,500	92,811	S/L	10		0
4	EBENEEZER 3RD PMT	5/18/12		187,500							187,500	188,082	S/L	10		0
5	EBENEEZER 4TH PMT	7/03/12		187,500							187,500	187,500	S/L	10		0
6	EBENEEZER FINAL PMT	10/18/12		187,500							187,500	187,500	S/L	10		0
39	TECH IMPROVEMENTS	11/30/21		24,123							24,123	9,617	S/L	8		3,015
40	OFFICE RENOVATION - GENERAL C	11/30/21		48,786							48,786	19,449	S/L	8		6,098
41	191 OPHOPE SIGN	10/24/21		14,175							14,175	4,850	S/L	10		1,418
62	OFFICE RENOVATION - GENERAL C	1/19/22		4,422							4,422	1,671	S/L	8		553

OPERATION HOPE INC

95-4378084

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
63	OFFICE RENOVATION - GENERAL C	2/26/22		15,194							15,194	5,577	S/L	8		1,899
64	OFFICE RENOVATION - GENERAL C	10/11/22		108,129							108,129	30,589	S/L	8		13,516
65	OFFICE RENOVATION - GENERAL C	11/22/22		11,797							11,797	3,213	S/L	8		1,475
66	OFFICE RENOVATION - GENERAL C	12/27/22		3,852							3,852	1,010	S/L	8		482
110	FRONT DOOR SECURITY SYSTEM	6/30/23		13,812							13,812	3,420	S/L	5		2,762
TOTAL IMPROVEMENTS				994,290		0	0	0	0	0	994,290	842,456				31,218
LAND																
67	LAND	9/30/22	12/31/25	1,100,000							1,100,000					0
TOTAL LAND				1,100,000		0	0	0	0	0	1,100,000	0				0
MACHINERY AND EQUIPMENT																
13	MICROSOFT	11/22/13	12/31/25	1,043,719							1,043,719	1,043,719	S/L	3		0
15	EPICENTER MOBILE APP 3	5/22/13		10,000							10,000	10,000	S/L	3		0
16	EPICENTER MOBILE APP 4	3/31/14		10,000							10,000	10,000	S/L	3		0
17	EPICENTER MOBILE APP 5	4/30/14		11,000							11,000	11,000	S/L	3		0
25	DIGITAL LMS	1/01/19		2,000,000							2,000,000	2,000,000	S/L	5		0
45	7 MERAKI MR56	2/27/21		8,542							8,542	8,542	S/L	3		0
46	IMAC SYSTEM	3/15/21		6,766							6,766	5,976	S/L	3		0
50	MICROSOFT DYNAMICS PROJECT	12/31/21		28,905							28,905	15,898	S/L	5		5,781
53	DIGITAL TRANSFORMATION PHAS	8/31/21		189,384							189,384	126,256	S/L	5		37,877
54	DIGITAL TRANSFORMATION DEVE	8/31/21		10,250							10,250	6,833	S/L	5		2,050
55	DIGITAL TRANSFORMATION PHAS	9/30/21		23,828							23,828	15,489	S/L	5		4,766
56	DIGITAL TRANSFORMATION DEVE	9/30/21		28,750							28,750	18,688	S/L	5		5,750
57	DIGITAL TRANSFORMATION PHAS	10/31/21		16,490							16,490	10,443	S/L	5		3,298

OPERATION HOPE INC

95-4378084

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
58	DIGITAL TRANSFORMATION DEVE	10/31/21		25,000							25,000	15,833	S/L	5		5,000
59	DIGITAL TRANSFORMATION PHAS	12/31/21		11,446							11,446	7,499	S/L	5		2,289
60	DIGITAL TRANSFORMATION PHAS	12/31/21		13,906							13,906	8,302	S/L	5		2,781
61	DIGITAL TRANSFORMATION DEVE	11/30/21		24,680							24,680	15,220	S/L	5		4,936
74	APPLE COMPUTER	3/27/22		2,884							2,884	2,723	S/L	3		161
75	APPLE LAPTOP	7/16/22		2,711							2,711	2,260	S/L	3		451
76	APPLIE IPAD PRO	1/27/22	12/31/25	2,613							2,613	2,613	S/L	3		0
77	APPLE IPAD	9/27/22		2,543							2,543	1,979	S/L	3		564
78	APPLE LAPTOP	10/31/22		3,810							3,810	2,858	S/L	3		952
81	DIGITAL TRANSFORMATION	1/31/22		54,325							54,325	29,879	S/L	5		10,865
82	DIGITAL TRANSFORMATION	2/28/22		43,491							43,491	25,369	S/L	5		8,698
83	DIGITAL TRANSFORMATION	1/31/22		60,500							60,500	35,292	S/L	5		12,100
84	DIGITAL TRANSFORMATION	5/31/22		3,500							3,500	1,809	S/L	5		700
85	DIGITAL TRANSFORMATION	5/31/22		16,250							16,250	8,396	S/L	5		3,250
86	DIGITAL TRANSFORMATION	5/31/22		16,250							16,250	8,396	S/L	5		3,250
87	DIGITAL TRANSFORMATION	6/30/22		28,100							28,100	14,050	S/L	5		5,620
88	DIGITAL TRANSFORMATION	6/30/22		28,100							28,100	14,050	S/L	5		5,620
89	DIGITAL TRANSFORMATION	7/01/22		23,100							23,100	11,165	S/L	5		4,620
90	DIGITAL TRANSFORMATION	7/01/22		23,100							23,100	11,165	S/L	5		4,620
91	DIGITAL TRANSFORMATION	8/31/22		36,500							36,500	17,034	S/L	5		7,300
92	DIGITAL TRANSFORMATION	9/30/22		21,120							21,120	9,504	S/L	5		4,224
93	DIGITAL TRANSFORMATION	9/30/22		27,720							27,720	12,474	S/L	5		5,544
94	DIGITAL TRANSFORMATION	10/31/22		52,140							52,140	22,594	S/L	5		10,428
95	DIGITAL TRANSFORMATION	10/31/22		14,982							14,982	6,492	S/L	5		2,996
96	DIGITAL TRANSFORMATION	11/30/22		39,534							39,534	16,473	S/L	5		7,907
97	DIGITAL TRANSFORMATION	11/30/22		5,698							5,698	2,375	S/L	5		1,140
98	DIGITAL TRANSFORMATION	11/30/22		15,785							15,785	6,577	S/L	5		3,157

OPERATION HOPE INC

95-4378084

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
99	DIGITAL TRANSFORMATION	12/31/22		3,043							3,043	1,218	S/L	5		609
100	DIGITAL TRANSFORMATION	12/31/22		71,544							71,544	28,617	S/L	5		14,309
101	DIGITAL TRANSFORMATION	1/26/22		295							295	262	S/L	3		8
102	DIGITAL TRANSFORMATION	2/28/22		4,760							4,760	2,698	S/L	5		952
103	DIGITAL TRANSFORMATION	2/28/22		68,000							68,000	38,534	S/L	5		13,600
104	DIGITAL TRANSFORMATION	3/31/22		115,400							115,400	63,470	S/L	5		23,080
105	DIGITAL TRANSFORMATION	4/01/22		4,900							4,900	2,613	S/L	5		980
106	DIGITAL TRANSFORMATION	4/30/22		18,800							18,800	10,027	S/L	5		3,760
107	DIGITAL TRANSFORMATION	4/30/22		28,000							28,000	14,933	S/L	5		5,600
108	CANON CAMERA	11/30/22	12/31/25	2,717							2,717	1,887	S/L	3		830
109	MOBILE APP DEVELOPMENT	3/01/22		25,000							25,000	5,000	S/L	5		5,000
111	VMS ENHANCEMENTS	5/23/23		28,087							28,087	14,823	S/L	3		9,362
112	DIGITAL TRANSFORMATION - PHA	1/31/23		23,320							23,320	8,550	S/L	5		4,664
113	DIGITAL TRANSFORMATION - PHA	1/31/23		19,156							19,156	7,024	S/L	5		3,831
114	DIGITAL TRANSFORMATION - PHA	1/31/23		33,040							33,040	12,114	S/L	5		6,608
115	DIGITAL TRANSFORMATION - PHA	2/28/23		8,024							8,024	2,808	S/L	5		1,605
116	DIGITAL TRANSFORMATION - PHA	2/28/23		44,835							44,835	15,693	S/L	5		8,967
117	DIGITAL TRANSFORMATION - PHA	2/28/23		42,575							42,575	14,901	S/L	5		8,515
118	DIGITAL TRANSFORMATION - PHA	3/31/23		2,832							2,832	944	S/L	5		566
119	DIGITAL TRANSFORMATION - PHA	3/31/23		55,609							55,609	17,655	S/L	5		11,122
120	DIGITAL TRANSFORMATION - PHA	3/31/23		54,658							54,658	16,009	S/L	5		10,932
121	DIGITAL TRANSFORMATION - PHA	4/30/23		21,004							21,004	6,652	S/L	5		4,201
122	DIGITAL CHEETAH	5/23/24	12/31/25	28,087							28,087	24,966	S/L	5		0
123	COMPUTER & SOFTWARE	12/31/25		6,900							6,900		S/L	5		0
TOTAL MACHINERY AND EQUIPME				4,698,008		0	0	0	0	0	4,698,008	3,906,623				317,796
TOTAL DEPRECIATION				7,649,173		0	0	0	0	0	7,649,173	4,855,389				388,091

OPERATION HOPE INC

95-4378084

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
	GRAND TOTAL DEPRECIATION			<u>7,649,173</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>7,649,173</u>	<u>4,855,389</u>				<u>388,091</u>
	DEPRECIATION ASSETS SOLD			2,877,136		0	0	0	0	0	2,877,136	1,114,638				18,779
	DEPR REMAINING ASSETS			<u>4,772,037</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>4,772,037</u>	<u>3,740,751</u>				<u>369,312</u>