Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

<u>A I</u>	or th	e 2022 cale	endar year, or tax year beginning	07/01/2022	and en	ding			0	6/30/202	13
B /	N	applicable:	C Name of organization					D	Emplo	yer identificati	on number
	леск іга	арріісавіе:	PROJECT HOPE ALLIANCE	E							
	Addres	ss change	Doing business as							099628	
	Name	change	Number and street (or P.O. box if ma	ail is not delivered to street address)		Roon	n/suite	e E	Teleph	none number	
	Initial	return	1954 PLACENTIA AVENUI	€		20	02	(949)722-782	24
	Final r	eturn/terminated	City or town, state or province, cour	G	G Gross receipts \$						
	Ameno	ded return	COSTA MESA, CA 92627							2,915	5,083.
	Applica	ation pending	F Name and address of principal office	r: JENNIFER FRIEND				H(a) Is this a g subordinat		ırn for	Yes X No
			1954 PLACENTIA AVENUI	E202, COSTA MESA, C	A 926	27	ı	H(b) Are all sul		es included?	Yes No
ı	Tax-ex	xempt status:	X 501(c)(3) 501(c) () (insert no.) 4947	(a)(1) or	527		If "No.	," attach	n a list. See instruc	ctions.
J	Webs	ite: WW	W.PROJECTHOPEALLIANCE	E.ORG			I	H(c) Group ex	kemptio	n number	
K	Form	of organization	on: X Corporation Trust	Association Other		L Year of fo	rmatio	n: 2002	M Sta	ate of legal dom	icile: CA
P	art I	Summ	ary			•		·			
	1	Briefly des	scribe the organization's mission o	r most significant activities: El	NDING	THE CYC	LE	OF HOME	LES	SNESS, C	NE
e		CHILD	AT A TIME BY FILLING	IN THE GAPS AND EL	IMINAT	TING THE	BA	RRIERS			
Governance		THAT H	OMELESSNESS CAUSES IN	THEIR LIVES.							
/err	2	Check this	s box if the organization of	discontinued its operations of	or dispo	sed of mor	e th	an 25% o	of its	net assets.	
စ်	3	Number of	f voting members of the governing						1	1	9
	4		f independent voting members of t								9
ties	5		ber of individuals employed in cale							;	33
Activities &	6		ber of volunteers (estimate if necess								326
	7a		elated business revenue from Part V								NONE
			ated business taxable income from								NONE
								Prior Year			ent Year
Revenue	8	Contribution	ons and grants (Part VIII, line 1h)					2,751,	884	2.1	160,204.
	9		service revenue (Part VIII, line 2g)						NON		633,878.
eve	10		nt income (Part VIII, column (A), line						25		75.
ž	11		enue (Part VIII, column (A), lines 5,					20.	011		1,000.
	12		nue - add lines 8 through 11 (must					2,771,			795,157.
	13		d similar amounts paid (Part IX, colu					240,			357,200.
	14		aid to or for members (Part IX, colu						NON		NONE
"	4.5		other compensation, employee bene					1,728,			018,835.
Expenses	16a		nal fundraising fees (Part IX, column		_	NONE				NONE	
ber	h		raising expenses (Part IX, column (I					11011	-	TVOTVE	
ŭ	17		enses (Part IX, column (A), lines 11					473,	501	1	507,156.
	18		enses. Add lines 13-17 (must equal					2,441,			383,191.
	19		ess expenses. Subtract line 18 from					330,		_	-88,034.
or		TCVCHUC I	ess expenses. Oubtract line to from	TIME IZ.			eainn	ing of Curre			of Year
ets	20	Total assa	ets (Part X, line 16)					523,			445,110.
Net Assets or Fund Balances	21		lities (Part X, line 26)					298,			308,959.
E de	22		s or fund balances. Subtract line 21			• • • • •		224,		_	136,151.
	art II		ture Block	TOTT III C 20.				221,	103	<u>• 1 </u>	130,131.
			rjury, I declare that I have examined th	is return including accompanying	schedules	and statemen	ıts an	d to the bes	t of m	v knowledge a	nd belief it is
tru	e, corre	ect, and com	plete. Declaration of preparer (other than	officer) is based on all information	of which p	preparer has a	ny kno	wledge.			
								0.2	/15	/2024	
Sig	jn 📗	Signature of	of officer					Date	./ <u>.</u>	/ 2024	
He	re	TENINITE	'ER FRIEND	CE(2						
			nt name and title	CE	<u></u>						
			preparer's name	Preparer's signature		Date		Charle	if	PTIN	
Pai	d	"	D J RUVELSON		,	02/15/2) N O 4	Check _ self-emp		P002340	175
Pre	parer			RICHARD J RUVELSON		02/15/2		. .	,		
Use	Only			•	02610			Firm's EIN		22-20270	
Ma	v the	Firm's add	ress 100 SPECTRUM CENTER uss this return with the prepare	DRIVE, STE 1000 IRVINE, CA	iono			Phone no.		949-261-	
_			uction Act Notice, see the separat		0110				<u> </u>	X Yes	990 (2022)
	caue	. WUN 760	UCCION ACCINONCE, SEE ME SEDAIAI	e maduuluula.						L(1111)	

Form 990 (2022) Page 2

Pa		tement of Program Service		De est 111	
_			response or note to any line in this F	art III	X
1	-	ibe the organization's mission	ALLIANCE IS TO END THE	GVGI E OE	
			ALLIANCE IS TO END THE A TIME. OUR VISION IS EQ		
			OPPORTUNITIES TO LEARN		
	BETTER T		OPPORTUNITIES TO LEARN	THEIR WAI TO A	
			ficant program services during the	year which were not listed on t	·ho
_	prior Form 99	90 or 990-EZ?			
_	•	ribe these new services on S			
3	services?		, or make significant changes in		
4		•	rvice accomplishments for each of	of its three largest program se	vices as measured hy
•	expenses. Se	ection 501(c)(3) and 501(c)	(4) organizations are required to reach program service reported.		
4a	(Code:) (Expenses \$ 2,	283,912. including grants of \$	357,200.) (Revenue \$	633,878.)
	SEE SCHED				
	-				
	-				
	-				
	-				
	(Code:) (Expenses \$	including grants of \$) (Revenue \$	1
7.0	(0000.) (Ελρείδεδ ψ	micidaling grants or \$\psi) (πονοπαο ψ	/
	-				
4-	(Codo:) /[including grants of f) (Dayanya f	\
4C	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	-				
	Other		. 1.1- 0.)		
4d		m services (Describe on Sch			
_	(Expenses \$	including gr		nue \$	
4e	Total program	m service expenses	2.283.912.		

Form 990 (2022)
Part IV Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	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? If "Yes," complete Schedule D, Part IV	9	_	Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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	446		3.7
4 5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		37
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.6		v
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		v
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	Λ	
13	If "Yes," complete Schedule G, Part III	19		v
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		Λ
21 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	-00		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	<u> </u>			

Form 990 (2022) Page **4**

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ŭ	to defease any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		v
h		ZJa		X
D	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?	051		
	If "Yes," complete Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Χ
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Χ
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
•	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	oou		21
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		v
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		X
37		27		3.7
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	20	τ.	
Dowl	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			N-
	Estantha annihar annantad in han 0 at Farra 1000. Fatar 0 'Yant anni' 11		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
ISA	reportable gaming (gambling) winnings to prize winners?	1c	X	

Page 5 Form 990 (2022)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 33			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule</i> O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	44-		37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		v
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	.0		21
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes." complete Form 6069.			

Part VI Governa

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> 9			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 9	.		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		_X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			3.7
_	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Х	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	0.0		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i>	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	_	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Χ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	Х	
a	The organization's CEO, Executive Director, or top management official	15a 15b		
b	Other officers or key employees of the organization	130		
160	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
IVa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Γ (sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record KATHY KEIFE 1954 PLACENTIA AVENUE, SUITE 202 COSTA MESA, CA 92627	S		
	TOTAL TOTAL TOTAL TOTAL TANDENOS, DOTTE AND CODIA MEDA, CA 92021			

949-791-2710

Form **990** (2022)

Form 990 (2022) PROJECT HOPE ALLIANCE 75-3099628 Page **7**

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

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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations	
(1) JENNIFER FRIEND	40.00										
CEO	NONE			Х				202,563.	NONE	39,821.	
(2) TRACY CARMICHAEL	40.00			21				202,303.	NONE	37,021.	
FORMER PRESIDENT AND CSO	NONE						Х	35,476.	NONE	NONE	
(3) LYNN HEMANS	1.00							3371701	1101112	110112	
DIRECTOR/CURRENT PRESIDENT	NONE	Х		х				NONE	NONE	NONE	
(4) PETE DEUTSCHMAN	1.00							110112	110112		
DIRECTOR/CURRENT TREASURER	NONE	Х		Х				NONE	NONE	NONE	
(5) JOE LEWIS	1.00							-	-		
DIRECTOR/CURRENT SECRETARY	NONE	Х		Х				NONE	NONE	NONE	
(6) ERIC RANS	1.00										
DIRECTOR	NONE	Х						NONE	NONE	NONE	
(7) RAY WESTON	1.00										
DIRECTOR	NONE	Х						NONE	NONE	NONE	
(8) SEAN BOULTON	1.00										
DIRECTOR	NONE	Х						NONE	NONE	NONE	
(9) APRIL NEGRETE	1.00										
DIRECTOR	NONE	Х						NONE	NONE	NONE	
(10) JOSH FRIEND	1.00										
DIRECTOR	NONE	Х						NONE	NONE	NONE	
(11) DAWN BOUNDS	1.00										
DIRECTOR	NONE	Х						NONE	NONE	NONE	
(12) SHELBY FELICIANO-SABALA	40.00										
CHIEF PARTNERSHIP OFFICER	NONE			Х				NONE	NONE	NONE	
(13)											
(14)											

Form **990** (2022)

	n 990 (2022)	1/-						1:1	haat Cammanaat	ad Employees (Page 8
Pa	rt VII Section A. Officers, Directors, Tru		y Em	ipic			and F	ııgı	1		·
	(A)	(B)				C)			(D)	(E)	(F)
	Name and title	Average hours per	(do r	not cl		ition more	than o	ne	Reportable compensation	Reportable compensation from	Estimated amount of
		week (list any					is both		from	related	other
		hours for	office				or/trust		the	organizations	compensation
		related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	(W-2/1099-MISC)	from the
		organizations below dotted	/idu irec	ituti	er	em	nest loye	ner	(W-2/1099-MISC)		organization and related
		line)	al tr	onal		oloy	con				organizations
			uste	trus		ee	ηper				
			Õ	stee			ısat				
							ed				
		L									
		L									
		L									
		T									
		T									
		t									
		t									
			1								
											
1h	Sub-total								238,039.	NONE	39,821.
10	Sub-total Total from continuation sheets to Part VII. S	oction A				• •			NONE		NONE
	Total (add lines 1b and 1c)			• •	• •	• •			238,039.	NONE	39,821.
	Total number of individuals (including but not) re		l	37,021.
-	reportable compensation from the organization		11030 1	1310	u u	0000) Wiic	<i>3</i> 10	cerved more man	φ100,000 01	
		. ,									Yes No
•	Did the consideration list one former office			4		_ 1			James an Islantasa		163 140
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3 X
											3 A
4	For any individual listed on line 1a, is the										
	organization and related organizations gro									le J for such	4
	individual										4 X
5	Did any person listed on line 1a receive or										
_	for services rendered to the organization? If "Yo	es," comple	te Sch	iedu	ile J	tor	such	per	son		5 X
	ction B. Independent Contractors										
1	Complete this table for your five highest com										
	compensation from the organization. Report of year.	ompensati	on tor	ıne	ca	ienc	ıaı ye	ar e	ending with or Witr	iiii the organization	ıs ıax
	your.										

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ NONE

Part VIII Statement of Revenue

ı aı		Check if Schedule O contains a respon	nse or note to an	v line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a	877.				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
عَ ق	С	Fundraising events 1c	166,861.				
its, r A	d	Related organizations					
ig ig	e	Government grants (contributions) 1e	211,633.				
ë.ë	٦	, ,	211,000.				
io 2	f	All other contributions, gifts, grants, and similar amounts not included above . 1f	1,780,833.				
the			1,700,033.				
Ξō	g	Noncash contributions included in	1 246 201				
S E	١.	lines 1a-1f		0.150.004			
<u> </u>	h	Total. Add lines 1a-1f		2,160,204.			
ø)			Business Code				
Program Service Revenue	2a	SERVICE AGREEMENTS - CASE MGMT.		633,878.	633,878.		
ne n	b						
n S	С						
ev ev	d						
90	е						
₫.	f	All other program service revenue					
	g	Total. Add lines 2a-2f		633,878.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)		75.		NONE	75
	4	Income from investment of tax-exempt bond	proceeds .	NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NONE	NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ø)	b	Less: cost or other basis					
evenue							
ķ	_	and sales expenses					
α	l .	Gain or (loss)		NONE			
Other	d	, ,		LION			
₹	8a	Gross income from fundraising					
		events (not including \$\psi\$					
		of contributions reported on line	110 026				
		1c). See Part IV, line 18	119,926.				
	b	Less: direct expenses 8b	119,926.	NONE		27027	27027
	С	Net income or (loss) from fundraising events		NONE		NONE	NONE
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses9b	NONE				
	С	Net income or (loss) from gaming activities.		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	NONE				
	b	Less: cost of goods sold 10b	NONE				
	С	Net income or (loss) from sales of inventory.		NONE			
S			Business Code				
e eg	11a	OTHER INCOME	900099	1,000.			1,000.
Miscellaneous Revenue	b						
e Se	С						
ĪŠ.	d	All other revenue					
2	е	Total. Add lines 11a-11d		1,000.			
	12	Total revenue. See instructions		2,795,157.	633,878.	NONE	1,075.

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									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	NONE								
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22	357,200.	357,200.							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and									
	foreign individuals. See Part IV, lines 15 and 16	NONE								
4	Benefits paid to or for members	NONE								
5	Compensation of current officers, directors,									
	trustees, and key employees	293,189.	238,410.	19,363.	35,416					
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	NONE	1 1	105 500						
	Other salaries and wages	1,440,783.	1,155,908.	105,532.	179,343.					
8	Pension plan accruals and contributions (include	NONE								
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits	160,224.	140,468.	3,842.	15,914					
10	Payroll taxes	124,639.	84,754.	14,957.	24,928					
	Fees for services (nonemployees):									
	Management	NONE								
b	Legal	NONE								
	Accounting	39,375.		39,375.						
d	Lobbying	NONE								
	Professional fundraising services. See Part IV, line 17	NONE								
f	Investment management fees	NONE								
g	Other. (If line 11g amount exceeds 10% of line 25, column	20.252	11 550		0.5					
	(A), amount, list line 11g expenses on Schedule O.)	38,353.	11,753.		26,600					
	Advertising and promotion	34,781.	00 555	0. 504	34,781					
13	Office expenses	119,514.	82,775.	8,794.	27,945					
14	Information technology	29,932.	23,859.	1,375.	4,698					
15	Royalties	NONE	100 100	T 442	15 550					
	Occupancy	152,405.	129,192.	7,443.	15,770					
	Travel	NONE								
18	Payments of travel or entertainment expenses	170177								
	for any federal, state, or local public officials	NONE								
	Conferences, conventions, and meetings	NONE		7.676						
	Interest	7,676.		7,676.						
	Payments to affiliates	NONE	F 010	E 4 2	1 206					
	Depreciation, depletion, and amortization	7,757. 30,525.	5,818. 23,772.	543. 2,552.	1,396					
	Insurance	30,525.	23,112.	2,332.	4,201					
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.)									
_	STAFF APPRECIATION	8,845.	6,573.	570.	1,702					
		23,379.	21,992.	136.						
	STAFF DEVELOPMENT FINDPAISING AND STEWARDSHID				1,251 9,459					
	FUNDRAISING AND STEWARDSHIP	14,614.	1,438.	3,717.	2,439					
d										
	All other expenses	2,883,191.	2,283,912.	215,875.	202 404					
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	2,003,191.	2,203,914.	410,0/5.	383,404.					
	organization reported in column (B) joint costs									
	from a combined educational campaign and fundraising solicitation. Check here									
	following SOP 98-2 (ASC 958-720)									

Page **11** Form 990 (2022)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	296,906.	1	128,323.
	2	Savings and temporary cash investments	75,167.	2	90,241.
	3	Pledges and grants receivable, net	97,748.	3	143,257.
	4	Accounts receivable, net	NONE	4	NONE
	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	NONE	5	NONE
	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)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
Ą	9	Prepaid expenses and deferred charges SEE SCHEDULE .O	12,991.	9	7,317.
	10 a	Land, buildings, and equipment: cost or other	·		
		basis. Complete Part VI of Schedule D 10a 157,647.			
	b	Less: accumulated depreciation	7,034.	10c	3,630.
	11	Investments - publicly traded securities	NONE		NONE
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	33,236.	15	72,342.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	523,082.	16	445,110.
_	17	Accounts payable and accrued expenses	62,289.	17	75,777.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	NONE		NONE
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
w	22	Loans and other payables to any current or former officer, director,	NONE	<u> </u>	NONE
Liabilities	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
iji		controlled entity or family member of any of these persons	NONE	22	NONE
L:	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	68,516.	24	71,130.
	25	Other liabilities (including federal income tax, payables to related third	00,510.	24	71,130.
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	168,092.	25	162,052.
	26	Total liabilities. Add lines 17 through 25	298,897.		308,959.
_	20		290,097.	20	300,939.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions	101 427	27	111 151
Bal	28	Net assets with donor restrictions.	101,437. 122,748.	28	111,151. 25,000.
Б	20	Organizations that do not follow FASB ASC 958, check here	122,740.	20	25,000.
Ī		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ť.	32	Total net assets or fund balances	224 105	31	126 151
Ne	33	Total liabilities and net assets/fund balances	224,185.		136,151.
_	JJ	Total liabilities and het assets/fullu balances, , , , , , , , , , , , , , , , , , ,	523,082.	33	445,110. Form 990 (2022)

Form **990** (2022)

Form 990 (2022) Page **12**

OIIII J	50 (2022)				ı a	gc • -
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	2,7	95,	<u> 157</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	2,8	83,	<u> 191</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			88,	034
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2	24,	<u> 185</u>
5	Net unrealized gains (losses) on investments	5				
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		1	36,	151
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	cplain o	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con					
	reviewed on a separate basis, consolidated basis, or both:	•				
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
-	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:		-			
	X Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiaht	of			
·	the audit, review, or compilation of its financial statements and selection of an independent accounts	_		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	Дранг	J			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	he			
Ja	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		· · ⊢			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	-	I	3b		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

75-3099628

Department of the Treasury Internal Revenue Service

Name of the organization

PROJECT HOPE ALLIANCE

Employer identification number

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 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 331/3 % 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 331/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 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. 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. 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. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990) 2022

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,019,525.	2,283,888.	1,950,276.	2,751,884.	2,160,204.	11,165,777.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	2,019,525.	2,283,888.	1,950,276.	2,751,884.	2,160,204.	11,165,777.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f) SEE SUPP PAGE	Ē					1,793,312.
	Public support. Subtract line 5 from line 4						9,372,465.
	tion B. Total Support	4 > 0040	#1.0040	() 2222	(1) 0004	() 0000	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,019,525.	2,283,888.	1,950,276.	2,751,884.	2,160,204.	11,165,777.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,981.	1,350.	1,500.	20,011.	1,000.	26,842.
11	Total support. Add lines 7 through 10						11,192,983.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	633,878.
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
	tion C. Computation of Public Sup				1		
14	Public support percentage for 2022 (lin		-			14	83.74 %
15	Public support percentage from 2021					15	87.83 %
	331/3% support test - 2022. If the org box and stop here. The organization qu 331/3% support test - 2021. If the org	ualifies as a pub	licly supported	organization			X
	this box and stop here. The organization	on qualifies as a	publicly suppor	ted organization	n		
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	•
	Part VI how the organization meets	the facts-and-c	ircumstances te	st. The organiz	ation qualifies	as a publicly su	ipported
	organization						
b	10%-facts-and-circumstances test - 2	_					
	15 is 10% or more, and if the organization					•	•
	in Part VI how the organization meets			_	-		
18	organization	n did not chec	k a box on line	13, 16a, 16b,	, 17a, or 17b,	check this box	and see
	instructions						<u> </u>

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	tion B. Total Support	(a) 2018	(b) 2019	(c) 2020	(4) 2021	(a) 2022	(f) Total
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2019	(6) 2020	(d) 2021	(e) 2022	(I) Total
9 10 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	-					
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2022 (line 8	• •	•			15	%
16	Public support percentage from 2021 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2022 (lin					17	%
18	Investment income percentage from 2021					18	%
19 a	331/3% support tests - 2022. If the or	-					
	17 is not more than 331/3 %, check this	-	-	•			
b	331/3% support tests - 2021. If the orga						
	line 18 is not more than 331/3%, check			-			
20	Private foundation. If the organization	aid not check	a box on line 1	14 19a or 19h	check this bo	x and see instru	ictions

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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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

 2 Did the organization have any supported organization that does not have an IRS determination of status.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
 - **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
L	11c below, the governing body of a supported organization?	11a		
b C	A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	11b		
C	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	162	NO
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	Yes	
2	Activities Test. Answer lines 2a and 2b below.		169	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations	5				
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.						
Se	ection 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					
	ection 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):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
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					
Se	ection 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-functional	lly integra	ted Type III supporting	g organization			
	(see instructions).	-		· -			

Schedule A (Form 990) 2022

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	ion D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	ed			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	Section E - Distribution Allocations (see instructions) (i) Excess Distributions Pre-2022				(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4					
4	Distributions for 2022 from				

Schedule A (Form 990) 2022

5

a Applied to underdistributions of prior yearsb Applied to 2022 distributable amount

Part VI. See instructions.

Breakdown of line 7:

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

Excess from 2021 . . .

Excess from 2022 . . .

and 4c.

Remainder. Subtract lines 4a and 4b from line 4.

Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI*. See instructions.

Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in*

Excess distributions carryover to 2023. Add lines 3j

Schedule A (Form 990 or 990-EZ) 2022

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 and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II - EXCESS CONTRIBUTIONS			EXCESS
	TOTAL	LESS 2% OF	CONTRIBUTION
CONTRIBUTOR NAME	CONTRIBUTION	LINE 11(F)	AMOUNT
DAVID AND MARGARET CLAIRE FOUNDATION	450,000.	223,860.	226,140.
DEVTO SUPPORT FOUNDATION	565,000.	223,860.	341,140.
LIVING LEGACY FOUNDATION	1,347,612.	223,860.	1,123,752.
UEBERROTH FAMILY FOUNDATION	325,000.	223,860.	101,140.
CHICK-FIL-A	225,000.	223,860.	1,140.
TOTALS	2,912,612.		1,793,312.

Part VI

Part VI

Schedule A (Form 990 or 990-EZ) 2022

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 and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II - OTHER INCOME						
DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
OTHER INCOME	2,981.	1,350.	1,500.	20,011.	1,000.	26,842.
TOTALS	2,981.	1,350.	1,500.	20,011.	1,000.	26,842.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number PROJECT HOPE ALLIANCE 75-3099628 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after July 25, 2006, and not on 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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: (ii) Assets included in Form 990, Part X.....\$_

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

following amounts required to be reported under FASB ASC 958 relating to these items:

Schedule D (Form 990) 2022

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Pa	rt III Organizations Maintaini	ng Colle	ections of	Art, Histo	rical Tre	asures	, or Othe	r Similar <i>A</i>	Assets (d	continue	ed)	
3	Using the organization's acquisition	n, acces	sion, and	other reco	rds, check	k any of	the follo	wing that n	nake sigr	nificant	use o	f its
	collection items (check all that app	ly):			_							
а	Public exhibition			d	Loan		nge progra					
b	Scholarly research			e	Other							
С	Preservation for future gene	rations										
4	Provide a description of the organ	nization's	collections	s and expl	ain how t	they furt	her the o	rganization'	s exemp	t purpos	se in	Part
	XIII.											
5	During the year, did the organization								_			1
_	assets to be sold to raise funds rath			ained as pa	art of the o	organiza	tion's colle	ection?		Yes		No
Pa	rt IV Escrow and Custodial A Complete if the organiza	_		es" on For	m 990, F	Part IV, I	ine 9, or	reported a	n amour	nt on Fo	orm	
	990, Part X, line 21.				,	,	,	•				
1a	Is the organization an agent, trus	tee, cust	odian or c	ther intern	nediary fo	or contri	butions o	r other ass	ets not			
	included on Form 990, Part X?								[Yes		No
b	If "Yes," explain the arrangement in	n Part XII	II and com	plete the fo	llowing tab	ole:						
									Amount			
С	Beginning balance					[1c					
d	Additions during the year					-	1d					
е	Distributions during the year						1e					
f	Ending balance					_	1f					
	Did the organization include an am									Yes		No
	If "Yes," explain the arrangement in	n Part XII	II. Check h	ere if the e	xplanation	has bee	n provided	on Part XII	<u> </u>			
Pa	rt V Endowment Funds. Complete if the organiza	ition and	word "V	os" on Foi	m 000 E	Part I\/	lino 10					
	Complete if the organiza		rrent year	(b) Pric			years back	(d) Three y	oare back	(e) Four	voore k	
		(a) Cui	ireni year	(b) P110	or year	(c) Two	years back	(a) Three y	ears back	(e) Four	years i	Jack
	Beginning of year balance											
	Contributions											
С	Net investment earnings, gains,											
	and losses											
	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
	Administrative expenses											
g	End of year balance	of the ou	rront voor	and halans	o (lino 1 a	aalumn	(a)) hold a					
2 a	Board designated or quasi-endown			end balanc %	e (iirie 1g,	Column	(a)) neiu a	5.				
	Permanent endowment	%		, ,								
	Term endowment %											
	The percentages on lines 2a, 2b, a	ınd 2c sh	ould equal	100%.								
3a	Are there endowment funds not in		-		ation that	are held	and adm	inistered 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 relate	ed organi	zations liste	ed as requir	ed on Sch	edule R?				3b		
4	Describe in Part XIII the intended u			ation's endo	wment fur	nds.						
Pa	tt VI Land, Buildings, and Equal Complete if the organization	uipment.	swered "Y	'es" on Fo	rm 990 I	Part IV	line 11a	See Form	990 Pa	art X lin	e 10	
	Description of property	ation and		r other basis		or other bas		cumulated		l) Book va		
				stment)		ther)		reciation				
_	Land											
b	Buildings											
С	Leasehold improvements					NO:						
	Equipment					NO:		154 015			2 (2.0
	Other		t equal For	m 000 Pan		57,64 n (B) line		154,017.			3,6	

Schedule D (Form 990) 2022

	Form 990) 2022 PROJECT HOPE A	LLIANCE	75	-3099628 Page
Part VII	Investments - Other Securities. 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 marke	
(1) Financi	al derivatives			
. ,	held equity interests			
	more equity interests 11111111111111111111111111111111111			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII		\/ an Farm 000	Dort IV line 44e Coe Ferm 000	Dant V. Lina 40
	Complete if the organization answered		· · · · · · · · · · · · · · · · · · ·	<u> </u>
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.		D. (IV/I'm 44 O. (F.) 000	D. (V. P.) 45
	Complete if the organization answered		, Part IV, line 11d. See Form 990,	
	` ,	scription		(b) Book value
(1)DEPOS				8,236
	TO USE ASSET			64,106
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) l	ine 15.)		72,342
Part X	Other Liabilities.			
	Complete if the organization answered line 25.	I "Yes" on Form 990	, Part IV, line 11e or 11f. See Form	n 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
	ral income taxes			(4) = 5 = 1 = 1
(2)TERM				97,313
	TO USE OPERATING LEASING			64,739
	TO ODE OFERATING DEADING			01,732
<u>(4)</u> <u>(5)</u>				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)			162,052

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 . | X

32

Part 2	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	2,795,157.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments					
b	Donated services and use of facilities					
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d	2e				
3	Subtract line 2e from line 1	3	2,795,157.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a					
b	Other (Describe in Part XIII.)					
	Add lines 4a and 4b	4c				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,795,157.			
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements	1	2,883,191.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities					
b	Prior year adjustments					
C	Other losses					
d	Other (Describe in Part XIII.)	20				
e	Add lines 2a through 2d	2e 3	2,883,191.			
3	Subtract line 2e from line 1		2,003,171.			
4 a	Investment expenses not included on Form 990, Part VIII, line 7b 4a					
a b	Other (Describe in Part XIII.)					
	Add lines 4a and 4b	4c				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,883,191.			
Part 2	XIII Supplemental Information.					
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform					
SEE :	SUPPLEMENTAL PAGE					

Part XIII Supplemental Information (continued)

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE AND IS GENERALLY NOT SUBJECT TO FEDERAL AND STATE INCOME TAXES. HOWEVER, THE ORGANIZATION IS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN FURTHERANCE OF THE PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION. FURTHER, THERE WERE NO INCOME TAX RELATED PENALTIES AND INTEREST INCLUDED IN THESE FINANCIAL STATEMENTS.

THE ORGANIZATION HAS ADOPTED THE ACCOUNTING STANDARDS RELATING TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. FOR THE ORGANIZATION, THESE STANDARDS COULD BE APPLICABLE TO THE INCURRENCE OF ANY UNRELATED BUSINESS INCOME ATTRIBUTABLE TO THE ORGANIZATION. BECAUSE THE ORGANIZATION'S GENERAL TAX-EXEMPT STATUS, MANAGEMENT BELIEVES THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING FINANCIAL STATEMENTS AT JUNE 30, 2023 AND 2022. THERE WERE NO TAX YEARS OPEN TO EXAMINATION BY A MAJOR TAX JURISDICTION AS OF JUNE 30, 2023. FURTHER, THERE WERE NO INCOME TAX RELATED PENALTIES AND INTEREST INCLUDED IN THESE FINANCIAL STATEMENTS.

5141QQ XL8S 02/26/2024 07:19:56

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

OMB No. 1545-0047

Inspection

varile of the organization					Limployer identification	on number
PROJECT HOPE ALLIANCE					75-309962	28
Part I Fundraising Activities. Comp	lete if the organ	ization ar	swered "	Yes" on Form 99		
Form 990-EZ filers are not re						
1 Indicate whether the organization rais				activities Check a	all that apply	
	_		_			
	e			non-government g		
b Internet and email solicitations	f			government grant	S	
c Phone solicitations	g	Spec	cial fundra	ising events		
d In-person solicitations						
2a Did the organization have a written o	r oral agreement v	vith any ind	dividual (in	cluding officers, d	lirectors, trustees,	
or key employees listed in Form 990	, Part VII) or entity	in connec	tion with p	rofessional fundra	ising services?	Yes No
b If "Yes," list the 10 highest paid indi	viduals or entities	(fundraise	rs) pursua	int to agreements	under which the	fundraiser is to be
compensated at least \$5,000 by the	organization.					
		(III) Did to	dania an bassa		(v) Amount paid to	6-1) A t i-l t
(i) Name and address of individual	(ii) Activity		draiser have or control of	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) / totavity		outions?	from activity	fundraiser listed in col. (i)	organization
		Vaa	Na		COI. (I)	
4		Yes	No			
1						
2						
3						
4						
5						
ŭ						
•						
6						
7						
8						
9						
10						
Total		<u> </u>			<u> </u>	
3 List all states in which the organiza	tion is registered of	or licensed	d to solicit	contributions or	has been notified	it is exempt from
registration or licensing.						

Schedule G (Form 990) 2022 PROJECT HOPE ALLIANCE 75-3099628 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events ANTI-GALA POKER TOURNAMEN (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 268,923. 10,786. 7,078. 286,787. 2 Less: Contributions3 Gross income (line 1 minus 10,786. 148,997. 7,078. 166,861. 119,926. 119,926. 4 Cash prizes 5 Noncash prizes 25,070. 25,070. Direct Expenses 6 Rent/facility costs 34,210. 34,210. 7 Food and beverages 27,477. 27,477. 8 Entertainment 11,011. 11,011. 9 Other direct expenses 22,158. 22,158. 10 Direct expense summary. Add lines 4 through 9 in column (d) 119,926. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue Direct Expenses 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No No No

	7 (71111111111111
9 a b	Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? If "No," explain:
10a b	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No. If "Yes," explain:

7 Direct expense summary. Add lines 2 through 5 in column (d)

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

Schedule G (Form 990) 2022

Sched	ule G (Form 990 or 990-EZ) 2022 PROJECT HOPE ALLIANCE	75-309962	28 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Y	es No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
. b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	s and	
	Name ▶		
	Address ▶		
15 a	Does the organization have a contract with a third party from whom the organization receives of	aming	
	revenue?		es No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ a	and the	
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶\$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming pro	ceeds to	
	retain the state gaming license?		es 🔲 No
b	Enter the amount of distributions required under state law to be distributed to other exempt orga	nizations	
	or spent in the organization's own exempt activities during the tax year > \$		
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition (see instructions).	· / · · · · · · · · · · · · · · · · · ·	
PAR'	T II, COLUMN (C)		
	, (-,		
OTH	ER EVENTS: GOLF TOURNAMENT		

SCHEDULE I (Form 990)

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

2022

OMB No. 1545-0047

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

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identification	on number
PROJECT HOPE ALLIANCE						75-3099628	
Part I General Information on Grants an	d Assistanc	е					
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proces 	ts or assistand	ce?					X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient t		_					es" on Form 990,
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)							
(9)							
(10)							
(11)							
(12)							
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations lis 	•	•					

Schedule I (Form 990) (2022) PROJECT HOPE ALLIANCE 75-3099628 Page **2**

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 STUDENT ASSISTANCE	773	10,540.	NONE	BOOK VALUE	N/A
2 FAMILY ASSISTANCE	1,538	12,214.	246,281.	BOOK VALUE	FOOD, CLOTHING, SCHO
3 ONSITE & OFFSITE STUDENT SERVICES	353	11,682.	NONE	BOOK VALUE	N/A
4 program services	769	76,484.	NONE	BOOK VALUE	N/A
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:

THE ORGANIZATION PROVIDES CASH ASSISTANCE TO FAMILIES FOR HOUSING, HEALTH AND MENTAL HEALTH NEEDS, EDUCATIONAL AND ENRICHMENT ASSITANCE WHICH INCLUDES FINANCIAL LITERACY PROGRAMS FOR YOUTH, GRADUATION PACKAGES AND SUMMER CAMPS. THE PAYMENTS ARE MADE DIRECTLY TO VENDORS ON BEHALF OF THE FAMILIES.

(F) DESCRIPTION OF NON-CASH ASSISTANCE: NONCASH ASSISTANCE INCLUDES BUS PASSES, GAS CARDS, AND OTHER EXPENSES ASSOCIATED WITH PROVIDING CASE

Schedule I (Form 990) (2022) PROJECT HOPE ALLIANCE 75-3099628 Page **2**

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
_ 3					
4					
5					
6					
_7					

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

INCLUDING NON-PERISHABLE GROCERIES AND HYGEINE ITEMS.

(F) DESCRIPTION OF NON-CASH ASSISTANCE: HOT SPOTS AND LAPTOPS FOR STUDENTS, PROGRAM EVENTS FOR STUDENTS AND PARENTS, ENRICHMENT ACTIVITIES FOR STUDENTS, TRANSPORTATION ASSISTANCE.

MANAGEMENT, BASIC NEEDS HOUSING ASSISTANCE TO OUR CLIENTS. PANTRY ITEMS

(F) DESCRIPTION OF NON-CASH ASSISTANCE: HOT SPOTS AND LAPTOPS FOR
STUDENTS, PROGRAM EVENTS FOR STUDENTS AND PARENTS, ENRICHMENT ACTIVITIES
FOR STUDENTS, TRANSPORTATION ASSISTANCE. FOR STUDENTS, TRANSPORTATION
ASSISTANCE.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees, and Highest Compensated Employees

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

PROJECT HOPE ALLIANCE 75-3099628

Part I Questions Regarding Compensation

			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
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	46		
2	explain	1b		
2	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
_				
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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?	5a 5b		X
IJ	Any related organization?	อม		Λ
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
J	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	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	7		Х
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 PROJECT HOPE ALLIANCE 75-3099628 Page 2

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 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation			other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JENNIFER FRIEND	(i)	202,563.	NONE	NONE	NONE	39,821.	242,384.	NONE
1 CEO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TRACY CARMICHAEL	(i)	35,476.	NONE	NONE	NONE	NONE	35,476.	NONE
2 FORMER PRESIDENT AND CSO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

PROJECT HOPE ALLIANCE **Types of Property**

75-3099628

		(a) Check if applicable	(b) Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	X		206,111.	COST			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
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	X	139	31,870.	COST			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(EXPERIENCES)	X	4	8,300.	COST			
26	Other ►()							
27	Other ►()							
28	Other ►(
29	Number of Forms 8283 received		9 9					
	which the organization completed F	Form 8283,	Part V, Donee Acknowledge	ement	29		1	
							Yes	No
30a	During the year, did the organizat							
	28, that it must hold for at least the							
_	to be used for exempt purposes for		olding period?			30a		X
	If "Yes," describe the arrangement i							
31	Does the organization have a					24		v
00.	contributions?					31		X
32a	Does the organization hire or use	•	J			220		v
	contributions?					32a		X
	If "Yes," describe in Part II.		alone a (a) fan a tara a t	mander familiable to the Co. (1)	da alaad oo			
33	If the organization didn't report an describe in Part II.	amount in c	column (c) for a type of pro	perty for which column (a)	і і спескеа,			
For Pa	aperwork Reduction Act Notice, see the Instr	ructions for For	rm 990.		Schedule	M (Fo	rm gan)) 2022

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

75-3099628

PROJECT HOPE ALLIANCE

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT FORM 990 (WITH ALL PERTINENT SCHEDULES) WILL BE MADE AVAILABLE TO THE BOARD OF DIRECTORS WITH AMPLE TIME TO REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. A MEETING OR CONFERENCE CALL MAY BE SCHEDULED IF THERE ARE ANY QUESTIONS, CONCERNS OR SUGGESTED REVISIONS AND THE PREPARER WILL MAKE ALL NECESSARY CHANGES IN A TIMELY MANNER TO ENSURE ON-TIME FILING WITH THE IRS. ALL QUESTIONS, CONCERNS OR REVISIONS, ALONG WITH THE PREPARERS RESPONSE WILL BE DOCUMENTED ON THE FORM 990 WHEN APPLICABLE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ALLIANCE MONITORS THE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY
AS FOLLOWS:

- 1. EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON:
- A. HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY,
- B. HAS READ AND UNDERSTANDS THE POLICY,
- C. HAS AGREED TO COMPLY WITH THE POLICY, AND
- D. UNDERSTANDS PROJECT HOPE ALLIANCE IS CHARITABLE AND IN ORDER TO

 MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES

 WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.
- 2. EACH VOTING MEMBER OF THE BOARD SHALL ANNUALLY SIGN A STATEMENT WHICH DECLARES WHETHER SUCH PERSON IS AN INDEPENDENT DIRECTOR.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

75-3099628

PROJECT HOPE ALLIANCE

- 3. IF AT ANY TIME DURING THE YEAR, THE INFORMATION IN THE ANNUAL STATEMENT CHANGES MATERIALLY, THE DIRECTOR SHALL DISCLOSE SUCH CHANGES AND REVISE THE ANNUAL DISCLOSURE FORM.
- 4. THE EXECUTIVE COMMITTEE SHALL REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THIS POLICY BY REVIEWING ANNUAL STATEMENTS AND TAKING SUCH OTHER ACTIONS AS ARE NECESSARY FOR EFFECTIVE OVERSIGHT.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS REVIEWS SALARY SURVEY INFORMATION BEFORE VOTING ON
THE EXECUTIVE DIRECTOR'S SALARY AMOUNT AND ANY INCREASES ON A YEAR TO
YEAR BASIS.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOLLOWING DOCUMENTS OF THE PROJECT HOPE ALLIANCE WILL BE AVAILABLE

(FOR INSPECTION OR COPYING) AT THEIR MAIN OFFICE DURING NORMAL BUSINESS

HOURS AT NO CHARGE:

- -TAX EXEMPTION APPLICATION (FORM 1023)
- -INTERNAL REVENUE SERVICE DETERMINATION LETTER
- -ARTICLES OF INCORPORATION
- -BY-LAWS
- -CONFLICT OF INTEREST POLICY
- -AUDITED FINANCIAL STATEMENTS

THE PUBLIC INSPECTION COPY OF THE PROJECT HOPE ALLIANCE'S FORM 990, FROM
THE PREVIOUS THREE YEARS (AT A MINIMUM), WILL BE AVAILABLE (FOR
INSPECTION OR COPYING) AT THE PROJECT HOPE ALLIANCE'S MAIN OFFICE DURING

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

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75-3099628

PROJECT HOPE ALLIANCE

NORMAL BUSINESS HOURS AT NO CHARGE. THE PUBLIC INSPECTION COPY OF THE FORM 990 WILL NOT INCLUDE THE SCHEDULE OF SCHEDULE A EXCESS CONTRIBUTORS OR THE SCHEDULE B NAMES AND ADDRESSES OF CONTRIBUTORS.

THE PROJECT HOPE ALLIANCE WILL MAKE BEST EFFORTS TO ENSURE THAT THE FORMS 990 HELD AT THEIR MAIN OFFICE ARE THE MOST UPDATED VERSIONS OF SUCH. FOR EXAMPLE, IN THE INSTANCE WHERE A FORM 990 HAS BEEN AMENDED, THE AMENDED VERSION OF THE FORM 990 SHOULD BE THE ONE AVAILABLE FOR PUBLIC INSPECTION. WHEN RESPONDING TO A PUBLIC INSPECTION REQUEST FOR ANY PROJECT HOPE ALLIANCE DOCUMENT OR FORM 990 BY ANYONE, THE PROJECT HOPE ALLIANCE SHALL FULFILL SUCH REQUEST IN A TIMELY FASHION WITHOUT INQUIRING AS TO THE REASON FOR THE PUBLIC INSPECTION REQUEST.

FORM 990, PART XII, LINE 2C:

THE AUDIT COMMITTEE OVERSIGHT BOARD AND SELECTION PROCESS DID NOT CHANGE.

FORM 990, PART VI, SECTION A, LINE 2:

DIRECTOR JOSH FRIEND IS CEO JENNIFER FRIEND'S BROTHER.

Name of the organization

PROJECT HOPE ALLIANCE

75-3099628

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

ONSITE AND OFFSITE CASE MANAGEMENT - THE ORGANIZATION DEPLOYS A LONG-TERM, ON-SITE INTERVENTION MODEL FOR CHILDREN AND YOUTH EXPERIENCING HOMELESSNESS, WHO FACE OBSTACLES THAT PREVENT THEM FROM ACCESSING RESOURCES, BEING A KID, AND ACHIEVING EDUCATIONAL AND LIFE GOALS. THEY WORK ONE-ON-ONE WITH KIDS, PLACING FULL-TIME CASE MANAGERS ON ELEMENTARY, JUNIOR HIGH, AND HIGH SCHOOL CAMPUSES. CASE MANAGERS IDENTIFY HOMELESS STUDENTS AND REMOVE BARRIERS TO THEIR BASIC NEEDS (SUCH AS FOOD, CLOTHING, OR TRANSPORTATION). AS STABLE AND TRUSTED ADULT MENTORS, THEY ALSO CONDUCT REGULAR CHECK-INS TO PROVIDE EDUCATIONAL SUPPORT AND FACILITATE CONNECTIONS TO NEEDED RESOURCES. (CASE MANAGEMENT FOR POST-HIGH SCHOOL YOUTH IS PROVIDED INDIVIDUALLY AND IS NOT TIED TO A SCHOOL CAMPUS.) THE ORGANIZATION SERVED 769 STUDENTS DURING THE FISCAL YEAR ENDING 6-30-2023.

Schedule O (Form 990 or 990-EZ) 2022 Page **2**

Name of the organization
PROJECT HOPE ALLIANCE

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS

BEGINNING
DESCRIPTION
BOOK VALUE
PREPAID EXPENSES

12,991.

TOTALS

Employer identification number
75-3099628

Employer identification number
75-3099628

Totals

12,991.

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7,317.

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