CLIFTONLARSONALLEN LLP
420 SOUTH ORANGE AVENUE, SUITE 900
ORLANDO, FL 32801

HOPE ENTERPRISE CORPORATION
#4 OLD RIVER PLACE, A
JACKSON, MS 39202

CLIENT'S COPY

CliftonLarsonAllen LLP
CLAconnect.com

November 17, 2025

Hope Enterprise Corporation
#4 Old River Place A
Jackson, MS 39202

Dear Alan:

Enclosed is the organization's 2024 Exempt Organization return. The return should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail on or before November 17, 2025.

Mail to:
Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial accounts and foreign activity. Please make sure you have informed us of any foreign financial accounts or foreign activity so that we have the necessary information to complete any required disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP
CLAconnect.com

HOPE ENTERPRISE CORPORATION

FORM 990 INCOME TAX RETURN

FOR YEAR ENDED DECEMBER 31, 2024

** PUBLIC DISCLOSURE COPY **

Form **990** — Department of the Treasury, Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047 — **2024** — Open to Public Inspection

A For the 2024 calendar year, or tax year beginning and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending

C Name of organization: HOPE ENTERPRISE CORPORATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): #4 OLD RIVER PLACE — Room/suite: A

City or town, state or province, country, and ZIP or foreign postal code: JACKSON, MS 39202

D Employer identification number: 64-0851798

E Telephone number: 601-944-1100

G Gross receipts $ 50,302,000.

F Name and address of principal officer: WILLIAM BYNUM, SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No — If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.HOPE-EC.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1993 **M** State of legal domicile: MS

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: STRENGTHEN FINANCIAL HEALTH OF PEOPLE IN UNDER-RESOURCED DEEP SOUTH COMMUNITIES

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	62
6	Total number of volunteers (estimate if necessary)	6	21
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	14,660,408.	41,317,659.
	9	Program service revenue (Part VIII, line 2g)	4,322,212.	4,717,918.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,884.	-4,230.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	424.	737.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,999,928.	46,032,084.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,928,210.	731,524.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,208,296.	6,883,489.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 615,120.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17,986,684.	19,830,903.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	25,123,190.	27,445,916.
	19	Revenue less expenses. Subtract line 18 from line 12	-6,123,262.	18,586,168.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	122,583,166.	165,547,721.
	21	Total liabilities (Part X, line 26)	75,617,432.	101,902,954.
	22	Net assets or fund balances. Subtract line 21 from line 20	46,965,734.	63,644,767.

Part II Signature Block

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

Sign Here

Signature of officer — Date

ALAN BRANSON, CFO

Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LACEY M. QUATSOE	LACEY M. QUATSOE	11/17/25		P01300865

Firm's name: CLIFTONLARSONALLEN LLP — Firm's EIN: 41-0746749

Firm's address: 420 SOUTH ORANGE AVENUE, SUITE 900, ORLANDO, FL 32801 — Phone no. 407-802-1200

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO STRENGTHEN THE FINANCIAL HEALTH OF PEOPLE IN UNDER-RESOURCED DEEP SOUTH COMMUNITIES.

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

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

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

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

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

4a (Code:) (Expenses $ 9,796,438. including grants of $ 731,524.) (Revenue $ 1,905,363.)

COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION SPECIALIZING IN COMMUNITY INFRASTRUCTURE LENDING TO EDUCATION AND HEALTH CARE FACILITIES, HEALTHY FOOD ACCESS PROVIDERS, AFFORDABLE HOUSING, AND LENDING TO SMALL AND MEDIUM SIZED BUSINESSES.

4b (Code:) (Expenses $ 8,267,835. including grants of $) (Revenue $ 2,742,910.)

REGIONAL DEVELOPMENT OF SYSTEMS TO INCREASE OWNERSHIP, ENTREPRENEURSHIP, AND COMMUNITY INFRASTRUCTURE DEVELOPMENT BY EXPANDING ACCESS TO CAPITAL AND ADVISORY SERVICES.

4c (Code:) (Expenses $ 851,080. including grants of $) (Revenue $ 69,644.)

HOUSING INITIATIVE PROVIDES FINANCE FOR AFFORDABLE HOUSING TO FAMILIES.

4d Other program services (Describe on Schedule O.)

(Expenses $ 420,381. including grants of $) (Revenue $)

4e Total program service expenses 19,335,734.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *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		X
e	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	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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 for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	52			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 62			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the 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).**				
a	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	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	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	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.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
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.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		13a		
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		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.		16		X
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? If "Yes," complete Form 6069.		17		

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ... 1a: 21 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: 21			
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		X
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, 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:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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? *If "Yes," provide the names and addresses on Schedule O*	9		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	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	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AL,AR,LA,MS,TN

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

ALAN BRANSON - 601-944-1100

4 OLD RIVER PLACE, JACKSON, MS 39202

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) WILLIAM BYNUM PRESIDENT/CEO	27.54 0.10			X				387,062.	1,351.	60,893.
(2) ALAN BRANSON EVP/CFO/TREASURER/ASST SECRETARY	19.76 0.06			X				114,607.	335.	15,046.
(3) CHLOE DOTSON EVP/CHIEF PROGRAM & STRATEGY OFFICER	27.02 1.44			X				115,212.	6,131.	6,531.
(4) EDWARD D SIVAK JR EVP/CHIEF POLICY & COMM. OFFICER	27.95 0.00			X				99,506.	0.	4,298.
(5) KIMBERLA LITTLE EVP/CHIEF HUMAN ASSETS OFFICER	21.54 0.00			X				91,375.	0.	9,415.
(6) GOPAL NARASIMHAN EVP/CHIEF DIGITAL & TECH. OFFICER	11.07 0.00			X				95,754.	0.	4,388.
(7) JONATHAN MULKIN EVP/CHIEF MORTGAGE OFFICER	7.82 0.00			X				43,121.	0.	1,252.
(8) CASSANDRA WILLIAMS EVP/CHIEF LENDING OFFICER	7.17 0.02			X				30,854.	0.	1,331.
(9) PEARL WICKS EVP/CHIEF RETAIL OFFICER	0.42 0.00			X				2,213.	0.	72.
(10) ROBERT GIBBS CHAIR	0.15 0.00	X		X				0.	0.	0.
(11) IVYE ALLEN SECRETARY	0.15 0.00	X		X				0.	0.	0.
(12) CLAIBORNE BARKSDALE DIRECTOR	0.15 0.00	X						0.	0.	0.
(13) MARC BARNES DIRECTOR	0.15 0.00	X						0.	0.	0.
(14) ANN MARIE BURGOYNE DIRECTOR	0.15 0.00	X						0.	0.	0.
(15) MAURICIO CALVO DIRECTOR	0.02 0.00	X						0.	0.	0.
(16) SUSANNAH CARRIER DIRECTOR	0.15 0.00	X						0.	0.	0.
(17) RONNIE CRUDUP DIRECTOR	0.08 0.04	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) REBECCA DIXON DIRECTOR	0.08 0.00	X						0.	0.	0.
(19) HERSCHELL HAMILTON DIRECTOR	0.15 0.04	X						0.	0.	0.
(20) CAROLYN JEFFERSON DIRECTOR	0.15 0.00	X						0.	0.	0.
(21) MAURICE JONES DIRECTOR	0.15 0.00	X						0.	0.	0.
(22) KENDRA KEY DIRECTOR - AS OF 12/24	0.08 0.00	X						0.	0.	0.
(23) DAN LETENDRE DIRECTOR	0.15 0.00	X						0.	0.	0.
(24) BLANCHE LINCOLN DIRECTOR	0.02 0.00	X						0.	0.	0.
(25) FELECIA LUCKY DIRECTOR	0.15 0.00	X						0.	0.	0.
(26) FRED MILLER DIRECTOR	0.15 0.00	X						0.	0.	0.
1b Subtotal								979,704.	7,817.	103,226.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								979,704.	7,817.	103,226.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 3

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PURPOSE VENTURES ADVISORS, LLC, 228 PARK AVE S 53452 PMB NUMBER, NEW YORK, NY 10003	CONSULTING	766,959.
SDS ADVANTAGE LLC, 1281 WESTWOOD BLVD STE 200, LOS ANGELES, CA 90024	CONSULTING	408,634.
CLASSIC LAKE CONSULTING P.O. BOX 13122, ATLANTA, GA 30324	CONSULTING	382,813.
CLIFTONLARSONALLEN LLP P.O. BOX 679342, DALLAS, TX 75267	ACCOUNTING	294,812.
MOSAIC CONSULTING GROUP LLC P.O. BOX 306138, NASHVILLE, TN 37230	CONSULTING	109,938.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 5

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(27) JUDY REESE MORSE DIRECTOR	0.15 0.00	X						0.	0.	0.
(28) JEFFREY NOLAN DIRECTOR	0.15 0.00	X						0.	0.	0.
(29) AISHA NYANDORO DIRECTOR - AS OF 12/24	0.08 0.00	X						0.	0.	0.
(30) ALEX WISE DIRECTOR	0.15 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts						
1 a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e	5,536,705.				
f All other contributions, gifts, grants, and similar amounts not included above	1f	35,780,954.				
g Noncash contributions included in lines 1a-1f	1g	$				
h **Total.** Add lines 1a-1f			41,317,659.			
Program Service Revenue		Business Code				
2 a LOAN,ORIGIN,OTHER FEES		525990	2,673,068.	2,673,068.		
b INTEREST INCOME ON LOANS		525990	2,044,850.	2,044,850.		
c						
d						
e						
f All other program service revenue						
g **Total.** Add lines 2a-2f			4,717,918.			
Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts)			21,224.			21,224.
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
		(i) Real / (ii) Personal				
6 a Gross rents	6a					
b Less: rental expenses	6b					
c Rental income or (loss)	6c					
d Net rental income or (loss)						
		(i) Securities / (ii) Other				
7 a Gross amount from sales of assets other than inventory	7a	4,244,462.				
b Less: cost or other basis and sales expenses	7b	4,269,916.				
c Gain or (loss)	7c	-25,454.				
d Net gain or (loss)			-25,454.			-25,454.
8 a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a OTHER INCOME		900099	737.			737.
b						
c						
d All other revenue						
e **Total.** Add lines 11a-11d			737.			
12 **Total revenue.** See instructions			46,032,084.	4,717,918.	0.	-3,493.

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	731,524.	731,524.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,082,496.	551,433.	459,690.	71,373.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,949,973.	2,281,678.	2,316,650.	351,645.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	82,772.	37,682.	41,122.	3,968.
9 Other employee benefits	369,800.	177,176.	165,657.	26,967.
10 Payroll taxes	398,448.	187,271.	183,286.	27,891.
11 Fees for services (nonemployees):				
a Management				
b Legal	109,865.		109,865.	
c Accounting	284,312.		284,312.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	28,953.		28,953.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	6,439,727.	5,895,945.	461,222.	82,560.
12 Advertising and promotion	1,450.	400.	1,050.	
13 Office expenses	255,441.	157,719.	83,477.	14,245.
14 Information technology	879,546.	313,485.	561,678.	4,383.
15 Royalties				
16 Occupancy	506,609.	218,912.	287,697.	
17 Travel	521,576.	245,448.	253,972.	22,156.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	385,644.	330,882.	49,404.	5,358.
20 Interest	1,426,623.	52,829.	1,373,794.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	374,443.	20,383.	354,060.	
23 Insurance	240,147.		240,147.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a HFCU OPERATION SUPPORT	7,433,233.	7,433,233.		
b FORGIVABLE LOAN EXPENSE	366,609.	366,609.		
c SERVICE FEES	302,729.	128,060.	174,669.	
d MEMBERSHIP DUES & FEES	86,164.	60,013.	21,581.	4,570.
e All other expenses	187,832.	145,052.	42,776.	4.
25 **Total functional expenses.** Add lines 1 through 24e	27,445,916.	19,335,734.	7,495,062.	615,120.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	17,019,416.	1	60,025,885.
	2	Savings and temporary cash investments	21,336,542.	2	762,425.
	3	Pledges and grants receivable, net	1,571,288.	3	3,220,561.
	4	Accounts receivable, net	152,694.	4	45,253.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	13,605,369.	7	12,971,925.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	462,692.	9	324,219.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 8,963,422.			
	b	Less: accumulated depreciation — 10b: 7,046,519.	1,667,546.	10c	1,916,903.
	11	Investments - publicly traded securities	29,060,416.	11	45,701,797.
	12	Investments - other securities. See Part IV, line 11	35,060,775.	12	35,060,775.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,646,428.	15	5,517,978.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	122,583,166.	16	165,547,721.
Liabilities	17	Accounts payable and accrued expenses	3,052,188.	17	3,297,705.
	18	Grants payable		18	
	19	Deferred revenue	7,271,006.	19	17,596,261.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	64,114,197.	23	80,901,245.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,180,041.	25	107,743.
	26	**Total liabilities.** Add lines 17 through 25	75,617,432.	26	101,902,954.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** [X] **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	28,333,437.	27	41,544,318.
	28	Net assets with donor restrictions	18,632,297.	28	22,100,449.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	46,965,734.	32	63,644,767.
	33	Total liabilities and net assets/fund balances	122,583,166.	33	165,547,721.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	46,032,084.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,445,916.
3	Revenue less expenses. Subtract line 2 from line 1	3	18,586,168.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	46,965,734.
5	Net unrealized gains (losses) on investments	5	426,445.
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	-2,333,581.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	63,644,766.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization HOPE ENTERPRISE CORPORATION

Employer identification number 64-0851798

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	37689400.	15416499.	12778063.	14660408.	13317659.	93862029.
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	5631546.	9495555.	3651179.	4322212.	4717918.	27818410.
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	43320946.	24912054.	16429242.	18982620.	18035577.	121680439
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	30356060.	11454557.	5740714.	6357040.	4773143.	58681514.
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			491,468.	399,976.	445,239.	1336683.
c Add lines 7a and 7b	30356060.	11454557.	6232182.	6757016.	5218382.	60018197.
8 **Public support.** (Subtract line 7c from line 6.)						61662242.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	43320946.	24912054.	16429242.	18982620.	18035577.	121680439
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	661,943.	74,478.	20,656.	20,700.	21,224.	799,001.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	661,943.	74,478.	20,656.	20,700.	21,224.	799,001.
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.)	-558,154.		14,119.	424.	737.	-542,874.
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	43424735.	24986532.	16464017.	19003744.	18057538.	121936566

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	50.57	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	46.98	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	.66	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	1.28	%

19a **33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	11c		

Section 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		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	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		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- a ☐ 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.*
- c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

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

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 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 responsive (*provide details in* **Part VI**). See instructions.	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	**(i)** **Excess Distributions**	**(ii)** **Underdistributions Pre-2024**	**(iii)** **Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a 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 III, LINE 12, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS LOSS
2020 AMOUNT: $ -558,154.

OTHER INCOME
2022 AMOUNT: $ 1,208.
2023 AMOUNT: $ 424.
2024 AMOUNT: $ 737.

CONTRACT REVENUE
2022 AMOUNT: $ 10,000.

HONORARIUMS
2022 AMOUNT: $ 2,911.

Schedule A Payments from Disqualified Persons Included on Part III, Line 7a 2024

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2020 Amount	2021 Amount	2022 Amount	2023 Amount	2024 Amount
W.K. KELLOGG FOUNDATION	1,571,930.	2,350,000.	87,257.	1,137,743.	200,000.
FORD FOUNDATION	1,000,000.	1,000,000.	1,000,000.	1,000,000.	0.
SILICON VALLEY COMMUNITY FOUNDATION	3,150,000.	4,020,750.	3,325,000.	4,125,000.	4,002,000.
WELLS FARGO	0.	4,083,807.	1,278,457.	0.	0.
GOLDMAN SACHS BANK	4,434,130.	0.	50,000.	94,297.	566,143.
THE CHICAGO COMMUNITY FOUNDATION	10,200,000.	0.	0.	0.	0.
SHUSTERMAN FAMILY FOUNDATION	10,000,000.	0.	0.	0.	0.
WILLIAM BYNUM	0.	0.	0.	0.	5,000.
Total to Schedule A, Part III, Line 7a	30,356,060.	11,454,557.	5,740,714.	6,357,040.	4,773,143.

Schedule A — Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b — 2024

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2020 Amount	2021 Amount	2022 Amount	2023 Amount	2024 Amount
HOPE NEW MARKETS 18, LLC	0.	0.	73,793.	0.	0.
HOPE NEW MARKETS 19, LLC	0.	0.	310,004.	0.	0.
HOPE NEW MARKETS 20, LLC	0.	0.	107,671.	0.	0.
HOPE NEW MARKETS 21, LLC	0.	0.	0.	14,963.	0.
HOPE NEW MARKETS 23, LLC	0.	0.	0.	63,088.	0.
HOPE NEW MARKETS 24, LLC	0.	0.	0.	288,384.	0.
HOPE NEW MARKETS 25, LLC	0.	0.	0.	33,541.	0.
HOPE NEW MARKETS 26, LLC	0.	0.	0.	0.	392,314.
HOPE NEW MARKETS 27, LLC	0.	0.	0.	0.	52,925.
Total to Schedule A, Part III, Line 7b			491,468.	399,976.	445,239.

Schedule A — Identification of Excess Support Payments Included on Part III, Line 7b, column (e) — 2024

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	Amount Received in 2024	2024 Excess Payments
HOPE NEW MARKETS 26, LLC	572,889.	392,314.
HOPE NEW MARKETS 27, LLC	233,500.	52,925.

Total Excess Payments to Schedule A, Part III, Line 7b, column (e) .... 445,239.

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization: HOPE ENTERPRISE CORPORATION

Employer identification number: 64-0851798

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

Name of organization	Employer identification number
HOPE ENTERPRISE CORPORATION	64-0851798

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 28,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 4,708,936.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 4,002,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 788,094.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 583,432.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 566,143.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
HOPE ENTERPRISE CORPORATION	64-0851798

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 556,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 400,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 400,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
HOPE ENTERPRISE CORPORATION	64-0851798

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		$ 137,175.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14		$ 120,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15		$ 117,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16		$ 75,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: HOPE ENTERPRISE CORPORATION

Employer identification number: 64-0851798

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20		$ 16,594.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22		$ 13,679.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23		$ 13,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24		$ 10,210.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: HOPE ENTERPRISE CORPORATION

Employer identification number: 64-0851798

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26		$ 6,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: HOPE ENTERPRISE CORPORATION

Employer identification number: 64-0851798

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
		$	
		$	
		$	
		$	
		$	

Name of organization	Employer identification number
HOPE ENTERPRISE CORPORATION	64-0851798

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number (EIN)
HOPE ENTERPRISE CORPORATION	64-0851798

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures .... $

3 Volunteer hours for political campaign activities ....

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 .... $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 .... $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .... ☐ Yes ☐ No

4a Was a correction made? .... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities .... $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities .... $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b .... $

4 Did the filing organization file **Form 1120-POL** for this year? .... ☐ Yes ☐ No

5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	
c Total lobbying expenditures (add lines 1a and 1b)	0.	
d Other exempt purpose expenditures	27,445,916.	
e Total exempt purpose expenditures (add lines 1c and 1d)	27,445,916.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	

IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:
not over $500,000	20% of the amount on line 1e.
over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
over $17,000,000	$1,000,000.

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes	☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2021	**(b)** 2022	**(c)** 2023	**(d)** 2024	**(e)** Total
2a Lobbying nontaxable amount	1,000,000.	841,251.	1,000,000.	1,000,000.	3,841,251.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,761,877.
c Total lobbying expenditures	28,802.				28,802.
d Grassroots nontaxable amount	250,000.	210,313.	250,000.	250,000.	960,313.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,440,470.
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, line 3, is answered "Yes."**

1	Dues, assessments, and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid):**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization HOPE ENTERPRISE CORPORATION

Employer identification number 64-0851798

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ______

4 Number of states where property subject to conservation easement is located ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ______

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ______

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $ ______

(ii) Assets included in Form 990, Part X $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ ______

b Assets included in Form 990, Part X $ ______

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

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

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

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

Part V Endowment Funds

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,004,386.	908,797.	1,095,589.
c Leasehold improvements		23,269.	22,325.	944.
d Equipment		5,969,476.	5,321,902.	647,574.
e Other		966,291.	793,495.	172,796.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				1,916,903.

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 market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) SECONDARY CAPITAL OF HFCU	35,060,775.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	35,060,775.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	107,743.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	107,743.

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]

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	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

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

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

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

Part XIII Supplemental Information

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

PART X, LINE 2:

THE COMPANY HAS RECEIVED A RULING FROM THE INTERNAL REVENUE SERVICE FOR EXEMPTION FROM INCOME TAXES AS A PUBLIC CHARITY UNDER INTERNAL REVENUE CODE SECTIONS 501(C)(3) AND 509 (A)(2).

POTENTIAL EXPOSURES INVOLVING TAX POSITIONS TAKEN THAT MAY BE CHALLENGED BY TAXING AUTHORITIES CONTAIN ASSUMPTIONS BASED UPON PAST EXPERIENCES AND JUDGMENTS ABOUT POTENTIAL ACTIONS BY TAXING JURISDICTIONS. MANAGEMENT DOES NOT BELIEVE THAT THE ULTIMATE SETTLEMENT OF THESE ITEMS WILL RESULT IN A MATERIAL AMOUNT. WITH MINIMUM EXCEPTIONS, THE COMPANY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS PRIOR TO 2019.

Part XIII Supplemental Information *(continued)*

SCHEDULE I (Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: HOPE ENTERPRISE CORPORATION

Employer identification number 64-0851798

Part I — General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALTCAP 300 EAST 39TH STREET KANSAS CITY, MO 64111	41-2183377	501(C)(4)	140,000.	0.			TECHNICAL ASSISTANCE TO SMALL BUSINESS
COMMUNITITES UNLIMITED INC 3 E. COLT SQUARE DR FAYETTEVILLE, AR 72703	71-0464321	501(C)(3)	70,000.	0.			TECHNICAL ASSISTANCE TO SMALL BUSINESS
HOPE FEDERAL CREDIT UNION 4 OLD RIVER PL JACKSON, MS 39202	64-0865228		200,000.	0.			PASS THROUGH FUNDING FROM CAPITAL ONE/ TIDES TO SUPPORT THE Y16 MORTGAGE PRODUCT
PEOPLE TRUST 5300 W. 65TH STREET LITTLE ROCK, AR 72209	26-2497096	501(C)(3)	140,000.	0.			TECHNICAL ASSISTANCE TO SMALL BUSINESS
SIGNATURE TRUSSEES LLC 724 EASTVIEW ST JACKSON, MS 39209	85-1827522		9,838.	0.			BLACK OWNED BUSINESSES NEGATIVELY IMPACTED BY COVID
THE BROLIN ROCHELLE BRAND 6 BARCLAY RD MABELVALE, AR 72103	85-3623329		7,274.	0.			BLACK OWNED BUSINESSES NEGATIVELY IMPACTED BY COVID

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

3 Enter total number of other organizations listed in the line 1 table: 11.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (Rev. 12-2024)**

LHA 432101 01-02-25

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(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 non-cash assistance	**(h)** Purpose of grant or assistance
TM HEALTH & FITNESS 5354 ATLANTA HIGHWAY MONTGOMERY , AL 36109	42-0217641		7,778.	0.			BLACK OWNED BUSINESSES NEGATIVELY IMPACTED BY COVID
CUPCAKE CUTIE ETC, LLC 300 S MAIN ST MEMPHIS, TN 38103	86-1501084		10,001.	0.			BLACK OWNED BUSINESSES NEGATIVELY IMPACTED BY COVID
FOOD4THOUGHT CONSULTING, LLC 6730 ROYAL OAKS ZACHARY, LA 70791	84-3838770		7,248.	0.			BLACK OWNED BUSINESSES NEGATIVELY IMPACTED BY COVID
CAPITAL CITY MEDICAL TRANSPORTATION, LLC - 509 E BUFFWOOD DR - BAKER, LA 70714	84-2927300		14,246.	0.			BLACK OWNED BUSINESSES NEGATIVELY IMPACTED BY COVID
TIME TO SPRING FORWARD, LLC 113 SHOALWATER WAY ROCKPORT, TX 78382	87-1182690		6,114.	0.			BLACK OWNED BUSINESSES NEGATIVELY IMPACTED BY COVID
BEAS BAYOU USA LLC 5817 MARIGNY ST NEW ORLEANS, LA 70122	85-3595897		6,203.	0.			BLACK OWNED BUSINESSES NEGATIVELY IMPACTED BY COVID
LASHERYL COACHING AND COUNSELING 521 ERIN DR ST 771102 MEMPHIS, TN 38177	86-3181282		6,888.	0.			BLACK OWNED BUSINESSES NEGATIVELY IMPACTED BY COVID
CANSECO PROPERTIES FILMORE LLC 3135 ESPLANADE AVENUE NEW ORLEANS, LA 70119	85-2848915		100,000.	0.			BUSINESS OPERATIONAL EXPENSES

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 noncash assistance

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 INVESTOR RELATIONS TEAM MONITORS GRANTS VIA REPORTING MODULES IN SALESFORCE ALONG WITH MONTHLY RECONCILIATIONS WITH THE GENERAL LEDGER SYSTEM MANAGED BY THE FISCAL TEAM. IN THE RECONCILIATION PROCESS, ALL ACTIVE GRANTS ARE REVIEWED ALONG WITH DISCUSSIONS ABOUT KEY TOPICS SUCH AS REVENUE RECOGNITION, GRANT EXPENDITURES, RESTRICTION RELEASES, AND DOCUMENTATION.

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: HOPE ENTERPRISE CORPORATION

Employer identification number: 64-0851798

Part I Questions Regarding Compensation

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

- [ ] First-class or charter travel
- [ ] Travel for companions
- [ ] Tax indemnification and gross-up payments
- [ ] Discretionary spending account
- [ ] Housing allowance or residence for personal use
- [ ] Payments for business use of personal residence
- [ ] Health or social club dues or initiation fees
- [ ] Personal services (such as maid, chauffeur, chef)

		Yes	No
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	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
- [X] Independent compensation consultant
- [X] Form 990 of other organizations
- [ ] Written employment contract
- [X] Compensation survey or study
- [ ] Approval by the board or compensation committee

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

		Yes	No
a Receive a severance payment or change-of-control payment?	4a		X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X	
c 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:

		Yes	No
a The organization?	5a		X
b Any related organization?	5b		X

If "Yes" on line 5a or 5b, describe in Part III.

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

		Yes	No
a The organization?	6a		X
b Any related organization?	6b		X

If "Yes" on line 6a or 6b, describe in Part III.

		Yes	No
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	X	
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		

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1) WILLIAM BYNUM	(i)	291,248.	92,017.	3,797.	52,382.	8,453.	447,897.	0.
PRESIDENT/CEO	(ii)	1,017.	321.	13.	28.	30.	1,409.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4B:
HOPE ENTERPRISE CORPORATION (HOPE) WILL SET ASIDE AN AMOUNT EQUAL TO $25,000, AND AN ADDITIONAL $25,000 ON JANUARY 1 OF EACH SUBSEQUENT YEAR FOR A TOTAL OF $75,000 UNDER A 457(F) PLAN FOR THE CEO.

PART I, LINE 7:
THE CEO SHALL BE ELIGIBLE TO RECEIVE ANNUAL INCENTIVE COMPENSATION PAYMENT OF UP TO 30% OF HIS BASE SALARY PER ANNUM IN RELATIONSHIP TO THE ACHIEVEMENT OF FINANCIAL GOALS AND OBJECTIVES AS ESTABLISHED BY HOPE AT THE BEGINNING OF EACH FISCAL YEAR. THE BOARD, HOPE'S EXECUTIVE COMMITTEE, AND THE CEO SHALL ESTABLISH HOPE'S FINANCIAL GOALS AND OBJECTIVES. THE BOARD AND HOPE'S EXECUTIVE COMMITTEE (WITHOUT THE CEO) SHALL ESTABLISH THE AMOUNT OF INCENTIVE COMPENSATION PAYABLE TO THE CEO BASED ON THE EXTENT TO WHICH THE GOALS AND OBJECTIVES ARE ACHIEVED. IF HOPE AND THE CEO ARE UNABLE TO AGREE ON HOPE'S FINANCIAL GOALS AND OBJECTIVES FOR THE FISCAL YEAR, THE CEO WILL RECEIVE AN INCENTIVE COMPENSATION PAYMENT EQUAL TO TEN PERCENT (10%) OF HIS BASE SALARY FOR THAT FISCAL YEAR, PAYABLE AT THE END OF THAT FISCAL YEAR.

FOR OTHER EMPLOYEES, HOPE MAY PROVIDE THE OPPORTUNITY TO EARN BONUSES BASED ON THEIR INDIVIDUAL PERFORMANCE AND ON THE CORPORATION'S OVERALL FINANCIAL PERFORMANCE. THE BONUSES ARE INTENDED TO DIRECT INDIVIDUAL AND CORPORATE PERFORMANCE AND REWARD EMPLOYEES FOR BEHAVIOR THAT CONTRIBUTES TO THE SUCCESS OF HOPE. PAYMENT MAY BE MADE QUARTERLY AND/OR ANNUALLY AND MAY BE BASED ON A COMBINATION OF INDIVIDUAL, TEAM, AND CORPORATE PERFORMANCE. THE STRUCTURE OF THE BONUSES WILL BE REVIEWED EACH YEAR BY SENIOR MANAGEMENT AND IS SUBJECT TO CHANGE.

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
HOPE ENTERPRISE CORPORATION	64-0851798

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
SOLAR FOR ALL: HOPE ENTERPRISE CORPORATION (HEC) WAS ONE OF 60 STATES, NONPROFITS AND MUNICIPALITIES THAT WAS AWARDED A SOLAR FOR ALL GRANT BY THE EPA. THE SOLAR FOR ALL AWARDS ARE PART OF THE LARGER GREENHOUSE GAS REDUCTION FUND AND ARE INTENDED TO FUND RESIDENTIAL-SERVING SOLAR PROJECTS THAT REDUCE HOUSEHOLD ENERGY COSTS FOR FAMILIES IN LOW-INCOME AND DISADVANTAGED COMMUNITIES (LIDACS) IN MISSISSIPPI AND ARKANSAS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TECHNICAL ASSISTANCE TO SMALL AND MEDIUM SIZED MANUFACTURING AND SERVICE BUSINESSES IN THE AREA OF MANAGEMENT CONSULTING AND IN THE AREAS OF IMPROVEMENTS OF PROCESSES AND SYSTEMS.
EXPENSES $ 420,381.   INCLUDING GRANTS OF $ 0.   REVENUE $ 0.

FORM 990, PART V, LINE 1A:
THE NUMBER OF EMPLOYEES LISTED AS BEING ON FORM W-3 IS THE TOTAL EMPLOYEE COUNT FOR THE FILING ORGANIZATION. WHILE HOPE ENTERPRISE CORPORATION IS THE COMMON PAYMASTER FOR RELATED AND UNRELATED ENTITIES, THE NUMBER OF EMPLOYEES FOR PART V, LINE 1A ONLY INCLUDES THE EMPLOYEE COUNT FOR THE FILING ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 1A:
EXECUTIVE AND GOVERNANCE COMMITTEE MAY EXERCISE THE AUTHORITY OF THE BOARD OF DIRECTORS TO THE EXTENT SPECIFIED BY THE BOARD OF DIRECTORS. A COMMITTEE MAY NOT, HOWEVER, AUTHORIZE DISTRIBUTIONS; APPROVE OR RECOMMEND DISSOLUTION, MERGER OR THE SALE, PLEDGE OR TRANSFER OF ALL OR SUBSTANTIALLY ALL OF THE CORPORATION'S ASSETS; ELECT, APPOINT OR REMOVE DIRECTORS OR FILL VACANCIES ON THE BOARD OF DIRECTORS OR ON ANY OF ITS COMMITTEES; OR ADOPT, AMEND, OR REPEAL THE ARTICLES OF INCORPORATION OR BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS INITIALLY REVIEWED BY THE SVP FISCAL AND CFO. AFTER THEIR REVIEW, THE FORM 990 IS SHARED WITH THE GOVERNING BODY PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
EACH DIRECTOR, OFFICER, AND EMPLOYEE SHALL SIGN ANNUALLY A STATEMENT WHICH AFFIRMS THAT SUCH PERSON HAS RECEIVED A COPY OF THIS CONFLICTS OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY AND HAS AGREED TO COMPLY WITH THIS POLICY. THE BOARD YEARLY MONITORS THE POLICY FOR ANY UPDATES THAT NEED TO BE MADE. IT IS REVIEWED BY HUMAN ASSETS, LEGAL AND COMPLIANCE WHEN CONFLICTS OF INTEREST (PERCEIVED OR POTENTIAL) ARE DISCLOSED BY THE INDIVIDUAL. THE COMPLIANCE DEPARTMENT AND HUMAN ASSESTS ARE RESPONSIBLE FOR ENFORCING COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

UPON THE FIRST KNOWLEDGE BY AN INTERESTED PERSON THAT THE ORGANIZATION IS CONSIDERING OR HAS CONSIDERED A TRANSACTION OR ARRANGEMENT WITH A TRANSACTION ENTITY OR INDIVIDUAL WITH WHICH THE INTERESTED PERSON HAS AN INTEREST, THE INTERESTED PERSON MUST DISCLOSE THE EXISTENCE AND NATURE OF HIS OR HER INTEREST TO THE PRESIDENT OR CHAIRMAN OF THE BOARD OF DIRECTORS.

Name of the organization: HOPE ENTERPRISE CORPORATION

Employer identification number: 64-0851798

AFTER DISCLOSURE OF THE INTEREST, THE INTERESTED PERSON MAY NOT PARTICIPATE IN CONSIDERATION OF THE PROPOSED TRANSACTION OR ARRANGEMENT AND SHALL NOT BE PRESENT FOR THE CONSIDERATION OF OR VOTE ON SUCH TRANSACTION UNLESS THE PRESIDENT REQUESTS INFORMATION OR INTERPRETATION FROM THE INTERESTED PERSON. THE PRESIDENT SHALL THEN DETERMINE OR REFER TO THE CHAIRMAN OF THE BOARD AND/OR THE BOARD FOR DETERMINATION OF WHETHER THE TRANSACTION OR ARRANGEMENT IS IN HEC'S BEST INTERESTS AND IS FAIR AND REASONABLE TO HEC AND SHALL MAKE A DECISION WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN ACCORDANCE WITH SUCH DETERMINATION.

WHEN THE PRESIDENT, CHAIRMAN OF THE BOARD OR THE BOARD MAKE A DETERMINATION AND DECISION ON THE INTEREST OF AN INTERESTED PERSON, THE MINUTES SHALL CONTAIN THE NAMES OF THE INTERESTED PERSON(S) WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE AN INTEREST, THE NATURE OF THE INTEREST, A RECORD OF ANY DETERMINATION AS TO WHETHER A TRANSACTION OR ARRANGEMENT WAS IN THE BEST INTERESTS OF AND FAIR AND REASONABLE TO HEC AND THE NAMES OF THE PERSONS WHO WERE PRESENT FOR THE DISCUSSIONS ON THE TRANSACTION OR ARRANGEMENT AND A RECORD OF ANY VOTES TAKEN IN CONNECTION THEREWITH.

IF THE PRESIDENT, CHAIRMAN OF THE BOARD OR THE BOARD HAS REASONABLE CAUSE TO BELIEVE AN INTERESTED PERSON HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE INTEREST, HE, SHE OR THEY SHALL INFORM THE INTERESTED PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORD THE INTERESTED PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF AFTER HEARING THE RESPONSE OF THE INTERESTED PERSON AND MAKING SUCH INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE PRESIDENT, THE CHAIRMAN OF THE BOARD OR THE BOARD SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, LINE 15:
STRATEGIC PERFORMANCE GROUP WAS RETAINED TO COMPLETE A COMPENSATION REVIEW FOR HOPE ENTERPRISE CORPORATION/HOPE CREDIT UNION/HOPE POLICY INSTITUTE (HOPE). THE OBJECTIVE OF THE ENGAGEMENT WAS TO ESTABLISH A COMPETITIVE, EQUITABLE COMPENSATION AND BENEFITS STRUCTURE THAT ALLOWS HOPE TO ATTRACT AND RETAIN THE TALENT NECESSARY TO ADVANCE ITS MISSION.

THE GOALS OF THE PROJECT WERE AS FOLLOWS:

- ASSIST HOPE IN UPDATING ITS COMPENSATION PHILOSOPHY BASED ON THE UNIQUE MISSION, BUSINESS DRIVERS, AND BUSINESS MODEL OF THE ORGANIZATION.
- ACHIEVE EXTERNAL EQUITY, ENSURING THAT HOPE STAFF ARE PAID FAIRLY AND COMPETITIVELY IN RELATION TO THE EXTERNAL MARKETPLACE.
- ACHIEVE INTERNAL EQUITY, ENSURING THAT HOPE EMPLOYEES ARE PAID FAIRLY IN RELATION TO ONE ANOTHER.
- DEVELOP A CONSISTENT METHODOLOGY FOR CLASSIFYING JOB LEVELS BASED ON ENTERPRISE-WIDE CRITERIA, JOB SCOPE, COMPLEXITY, AND KNOWLEDGE, SKILLS AND ABILITIES REQUIRED TO PERFORM THE WORK, WHICH PROMOTES TRUST AND CONFIDENCE IN THE ORGANIZATION'S COMPENSATION AND PROMOTIONS PROCESSES.
- ESTABLISH SALARY BANDS FOR EACH JOB FAMILY WITH AN ENTRY, MID-LEVEL AND SENIOR LEVEL INTO WHICH ALL POSITIONS CAN BE GROUPED.
- PROVIDE GUIDELINES TO HELP HOPE TO MAKE COMPENSATION DECISIONS BASED ON THE COMPENSATION PHILOSOPHY THAT ARE EQUITABLE, OBJECTIVE, AND TRANSPARENT.
- RECOMMEND PAY MANAGEMENT PRACTICES GOVERNING SALARY INCREASES, MARKET ADJUSTMENTS, PROMOTIONS, VARIABLE COMPENSATION AND OTHER COMPENSATION ADMINISTRATION ISSUES.
- ADVISE HOPE ON STRATEGIES TO RESPOND TO COMPENSATION CHALLENGES PRESENTED BY HIGH INFLATION, VOLATILITY IN THE LABOR MARKET, AND COMPRESSION BETWEEN SALARY RANGES DUE TO LABOR MARKET FORCES.

Name of the organization: HOPE ENTERPRISE CORPORATION

Employer identification number: 64-0851798

- DEVELOP A COMMUNICATIONS STRATEGY TO INFORM AND EDUCATE STAFF REGARDING THE COMPENSATION PROGRAM, TAKING INTO ACCOUNT HOPE'S UNIQUE CULTURE AND COMPENSATION PHILOSOPHY.

SOURCES OF DATA:
DATA FROM PUBLISHED SURVEYS SERVED AS THE PRIMARY SOURCE OF INFORMATION IN BENCHMARKING HOPE POSITIONS. MARKET SALARIES WERE DETERMINED BY REVIEWING COMPENSATION DATA FROM THE EXTERNAL MARKET FOR ALL JOB LEVELS WITHIN EACH JOB FAMILY.

DATA WAS EXTRACTED FROM THE FOLLOWING SOURCES:
- U.S. MERCER BENCHMARK DATABASE: PARTICIPANTS CONSIST PRIMARILY OF CORPORATE (FOR PROFIT) ENTITIES LOCATED IN THE U.S.
- HUMAN RESOURCES ASSOCIATION - NATIONAL CAPITAL AREA SALARY SURVEY: PARTICIPANTS CONSIST OF ORGANIZATIONS ACROSS ALL INDUSTRIES IN THE WASHINGTON, DC AREA INCLUDING NONPROFITS (DATA WAS ADJUSTED TO THE VARIOUS LABOR MARKETS WHERE HOPE EMPLOYEES WORK).
- COMPANALYST ONLINE DATABASE: PARTICIPANTS CONSIST OF BOTH NONPROFIT AND FOR-PROFIT ORGANIZATIONS LOCATED IN THE U.S.
- ECONOMIC RESEARCH INSTITUTE SALARY ASSESSOR: PARTICIPANTS CONSIST OF BOTH NONPROFIT AND FOR-PROFIT ORGANIZATIONS LOCATED IN THE U.S.
- CREDIT UNION NATIONAL ASSOCIATION (CUNA) STAFF SALARY REPORT: PARTICIPANTS CONSIST OF CREDIT UNIONS IN THE U.S. WITH UNDER $50M IN ASSETS.
- LOUISIANA CREDIT UNION LEAGUE & MISSISSIPPI CREDIT UNION ASSOCIATION COMPENSATION SURVEY: PARTICIPANTS CONSIST OF CREDIT UNIONS LOCATED IN LOUISIANA AND MISSISSIPPI.
- AMERICAN BANKERS ASSOCIATION COMPENSATION AND BENEFITS SURVEY: PARTICIPANTS CONSIST OF BANKS LOCATED IN THE U.S., GROUPED BY ASSET SIZE
- PRM MANAGEMENT COMPENSATION REPORT OF NOT-FOR-PROFIT ORGANIZATIONS: PARTICIPANTS CONSIST OF NON-PROFITS IN THE U.S.
- IRS FORM 990 DATA FROM A SET OF HOPE COMPARATORS (FEDERALLY INSURANCE CREDIT UNIONS DESIGNATED AS SERVICING LOW-INCOME POPULATIONS EXECUTIVE POSITIONS ONLY).

ALL COMPENSATION DECISIONS ARE DETERMINED BY THE HIRING MANAGER AND HUMAN ASSETS.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION CAN BE CONTACTED DIRECTLY IN ORDER TO REQUEST GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS.

FORM 990, PART VII, SECTION A:
THE FILING ORGANIZATION IS A COMMON PAYMASTER FOR RELATED AND UNRELATED ENTITIES (AS DEFINED IN FORM 990, SCHEDULE R). THE COMPENSATION FOR THE OFFICERS OF THE FILING ORGANIZATION IS REIMBURSED BY THE UNRELATED ORGANIZATION BUT IS NOT REIMBURSED BY THE RELATED ORGANIZATION. PART VII IS PRESENTED TO SHOW THE ALLOCATION BETWEEN THE TWO RELATED ENTITIES BASED ON TIME CARDS. THE UNRELATED PORTION IS NOT SHOWN. TOTAL W-2 COMPENSATION PAID TO THE OFFICERS IS AS FOLLOWS:

WILLIAM BYNUM	$647,369
ALAN BRANSON	$263,369
JONATHAN MULKIN	$237,021
PEARL WICKS	$225,281
EDWARD D SIVAK JR	$201,656

Name of the organization: HOPE ENTERPRISE CORPORATION

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GOPAL NARASIMHAN	$191,708
CASSANDRA WILLIAMS	$189,425
KIMBERLA LITTLE	$182,750
CHLOE DOTSON	$121,342

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT SERVICES CONSULTANTS:

PROGRAM SERVICE EXPENSES	5,895,945.
MANAGEMENT AND GENERAL EXPENSES	461,222.
FUNDRAISING EXPENSES	82,560.
TOTAL EXPENSES	6,439,727.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	6,439,727.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOAN ALLOWANCE PROVISION	-753,425.
REFUND OF CONTRIBUTION	-1,580,156.
TOTAL TO FORM 990, PART XI, LINE 9	-2,333,581.

SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: HOPE ENTERPRISE CORPORATION

Employer identification number 64-0851798

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
HOME AGAIN, INC. - 20-4526894 #4 OLD RIVER PLACE, SUITE A JACKSON, MS 39202	AFFORDABLE HOUSING DEVELOPMENT	MISSISSIPPI	501(C)(3)	10	HOPE ENTERPRISE CORPORATION	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
ECD INVESTMENTS, LLC - 72-1376692, #4 OLD RIVER PLACE SUITE A, JACKSON, MS 39202	COMMUNITY/BUS. DEVELOPMENT	MS	HOPE ENTERPRISE CORPORATION	RELATED	0.	0.		X	N/A	X		100%
ECD ASSOCIATES, LLC - 30-0224328, #4 OLD RIVER PLACE SUITE A, JACKSON, MS 39202	COMMUNITY/BUS. DEVELOPMENT	MS	HOPE ENTERPRISE CORPORATION	RELATED	5,337.	625,205.		X	N/A	X		28.57%
ECD NEW MARKETS, LLC - 55-0787936, #4 OLD RIVER PLACE SUITE A, JACKSON, MS 39202	COMMUNITY/BUS. DEVELOPMENT	MS	HOPE ENTERPRISE CORPORATION	RELATED	10,421.	1,257,648.		X	N/A	X		39.94%
HOPE NEW MARKETS 5, LLC - 36-4852627, #4 OLD RIVER PLACE SUITE A, JACKSON, MS 39202	COMMUNITY/BUS. DEVELOPMENT	MS	HOPE ENTERPRISE CORPORATION	RELATED	69.	0.		X	N/A	X		.01%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
HOPE NEW MARKETS 6, LLC - 37-1842771 #4 OLD RIVER PLACE SUITE A JACKSON, MS 39202	COMMUNITY/BUS. DEVELOPMENT	MS	VHS INVEST	C CORP	12.	1,093.	.01%		X
HOPE NEW MARKETS 11, LLC - 32-0512233 #4 OLD RIVER PLACE SUITE A JACKSON, MS 39202	COMMUNITY/BUS. DEVELOPMENT	MS	N/A	C CORP	10.	893.	.01%		X

Part III **Continuation of Identification of Related Organizations Taxable as a Partnership**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
HOPE NEW MARKETS 7, LLC - 36-4852910, #4 OLD RIVER PLACE SUITE A, JACKSON, MS 39202	COMMUNITY/BUS. DEVELOPMENT	MS	HOPE ENTERPRISE CORPORATION	RELATED	3.	0.		X	N/A	X		.00%
HOPE NEW MARKETS 8, LLC - 35-2578311, #4 OLD RIVER PLACE SUITE A, JACKSON, MS 39202	COMMUNITY/BUS. DEVELOPMENT	MS	HOPE ENTERPRISE CORPORATION	RELATED	757.	0.		X	N/A	X		.00%
HOPE NEW MARKETS 9, LLC - 36-4853101, #4 OLD RIVER PLACE SUITE A, JACKSON, MS 39202	COMMUNITY/BUS. DEVELOPMENT	MS	HOPE ENTERPRISE CORPORATION	RELATED	15.	0.		X	N/A	X		.00%
HOPE NEW MARKETS 10, LLC - 61-1809803, #4 OLD RIVER PLACE SUITE A, JACKSON, MS 39202	COMMUNITY/BUS. DEVELOPMENT	MS	HOPE ENTERPRISE CORPORATION	RELATED	18.	787.		X	N/A	X		.01%
HOPE NEW MARKETS 12, LLC - 61-1810268, #4 OLD RIVER PLACE SUITE A, JACKSON, MS 39202	COMMUNITY/BUS. DEVELOPMENT	MS	HOPE ENTERPRISE CORPORATION	RELATED	4.	978.		X	N/A	X		.01%
HOPE NEW MARKETS 13, LLC - 35-2579556, #4 OLD RIVER PLACE SUITE A, JACKSON, MS 39202	COMMUNITY/BUS. DEVELOPMENT	MS	HOPE ENTERPRISE CORPORATION	RELATED	6.	779.		X	N/A	X		.01%
HOPE NEW MARKETS 14, LLC - 35-2579181, #4 OLD RIVER PLACE SUITE A, JACKSON, MS 39202	COMMUNITY/BUS. DEVELOPMENT	MS	HOPE ENTERPRISE CORPORATION	RELATED	3.	685.		X	N/A	X		.01%
HOPE NEW MARKETS 15, LLC - 83-1979734, #4 OLD RIVER PLACE SUITE A, JACKSON, MS 39202	COMMUNITY/BUS. DEVELOPMENT	MS	HOPE ENTERPRISE CORPORATION	RELATED	4.	1,371.		X	N/A	X		.01%
HOPE NEW MARKETS 16, LLC - 84-2018487, #4 OLD RIVER PLACE SUITE A, JACKSON, MS 39202	COMMUNITY/BUS. DEVELOPMENT	MS	HOPE ENTERPRISE CORPORATION	RELATED	2.	687.		X	N/A	X		.01%

Part III **Continuation of Identification of Related Organizations Taxable as a Partnership**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
HOPE NEW MARKETS 17, LLC - 84-2032672, #4 OLD RIVER PLACE SUITE A, JACKSON, MS 39202	COMMUNITY/BUS. DEVELOPMENT	MS	HOPE ENTERPRISE CORPORATION	RELATED	5.	978.		X	N/A	X		.01%
HOPE NEW MARKETS 18, LLC - 84-2049645, #4 OLD RIVER PLACE SUITE A, JACKSON, MS 39202	COMMUNITY/BUS. DEVELOPMENT	MS	HOPE ENTERPRISE CORPORATION	RELATED	1.	692.		X	N/A	X		.01%
HOPE NEW MARKETS 19, LLC - 84-2063274, #4 OLD RIVER PLACE SUITE A, JACKSON, MS 39202	COMMUNITY/BUS. DEVELOPMENT	MS	HOPE ENTERPRISE CORPORATION	RELATED	4.	1,383.		X	N/A	X		.01%
HOPE NEW MARKETS 20, LLC - 84-2080890, #4 OLD RIVER PLACE SUITE A, JACKSON, MS 39202	COMMUNITY/BUS. DEVELOPMENT	MS	HOPE ENTERPRISE CORPORATION	RELATED	3.	20,790.		X	N/A	X		.01%
HOPE NEW MARKETS 21, LLC - 87-2878161, #4 OLD RIVER PLACE SUITE A, JACKSON, MS 39202	COMMUNITY/BUS. DEVELOPMENT	MS	HOPE ENTERPRISE CORPORATION	RELATED	5.	595.		X	N/A	X		.01%
HOPE NEW MARKETS 23, LLC - 87-2883088, #4 OLD RIVER PLACE SUITE A, JACKSON, MS 39202	COMMUNITY/BUS. DEVELOPMENT	MS	HOPE ENTERPRISE CORPORATION	RELATED	0.	743.		X	N/A	X		.01%
HOPE NEW MARKETS 24, LLC - 87-2883284, #4 OLD RIVER PLACE SUITE A, JACKSON, MS 39202	COMMUNITY/BUS. DEVELOPMENT	MS	HOPE ENTERPRISE CORPORATION	RELATED	4.	1,433.		X	N/A	X		.01%
HOPE NEW MARKETS 25, LLC - 87-2883370, #4 OLD RIVER PLACE SUITE A, JACKSON, MS 39202	COMMUNITY/BUS. DEVELOPMENT	MS	HOPE ENTERPRISE CORPORATION	RELATED	1.	696.		X	N/A	X		.01%
HOPE NEW MARKETS 26, LLC - 87-2913733, #4 OLD RIVER PLACE SUITE A, JACKSON, MS 39202	COMMUNITY/BUS. DEVELOPMENT	MS	HOPE ENTERPRISE CORPORATION	RELATED	4.	1,694.		X	N/A	X		.01%

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
HOPE NEW MARKETS 27, LLC - 87-2914011, #4 OLD RIVER PLACE SUITE A, JACKSON, MS 39202	COMMUNITY/BUS. DEVELOPMENT	MS	HOPE ENTERPRISE CORPORATION	RELATED	2.	673.		X	N/A	X		.01%

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HOPE NEW MARKETS 19, LLC	L	66,000.	COST
(2) HOPE NEW MARKETS 26, LLC	L	572,889.	COST
(3) HOPE NEW MARKETS 27, LLC	L	233,500.	COST
(4) HOME AGAIN, INC	Q	53,732.	COST
(5)			
(6)			

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

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

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

Part VII **Supplemental Information**

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