

# Return of Organization Exempt From Income Tax

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

# 2021

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**A For the 2021 calendar year, or tax year beginning** , 2021, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> FORT WORTH HOPE CENTER THE HOPE CENTER 3625 EAST LOOP 820 SOUTH FORT WORTH, TX 76119  <b>F</b> Name and address of principal officer: <b>JOANN REYES</b> SAME AS C ABOVE	<b>D</b> Employer identification number 01-0801061  <b>E</b> Telephone number 817 451-6288  <b>G</b> Gross receipts \$ <b>4,931,188.</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: ▶ <b>WWW.FWHOPE.ORG</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>2004</b> <b>M</b> State of legal domicile: <b>TX</b>	

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>THE MISSION OF THE FORT WORTH HOPE CENTER IS TO FIGHT HUNGER AND FEED HOPE BY MEETING PEOPLES' IMMEDIATE NUTRITION NEEDS WHILE ALSO HELPING AS MANY AS POSSIBLE TO BECOME SELF-SUFFICIENT.</u>		
<b>Activities &amp; Governance</b>	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	8
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	6
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) .....	<b>5</b>	9
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	208
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>	0.
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	4,562,179.	4,905,833.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	53,372.	25,351.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	20.	4.
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	5,305.	
		4,620,876.	4,931,188.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	4,240,660.	4,293,075.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	207,508.	244,975.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	10,172.	9,686.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>11,811.</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	129,537.	248,373.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	4,587,877.	4,796,109.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	32,999.	135,079.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) .....	757,756.	876,930.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	195,524.	179,619.
		562,232.	697,311.

**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.

<b>Sign Here</b>	Signature of officer	Date	
	▶ <b>JOANN REYES</b> Type or print name and title		<b>PRESIDENT</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	<b>MITZI SULLIVAN</b>	<b>MITZI SULLIVAN</b>	
	Firm's name ▶ <b>MITZI E. SULLIVAN, CPA</b>		Check <input checked="" type="checkbox"/> if self-employed
	Firm's address ▶ <b>284 AMANDA WAY DECATUR, TX 76234</b>		PTIN <b>P00632646</b>
		Firm's EIN ▶ <b>46-4655526</b>	Phone no. <b>940-399-9057</b>

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:

SEE SCHEDULE O

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

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

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

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

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

4a (Code: ) (Expenses \$ 4,452,970. including grants of \$ 4,283,075.) (Revenue \$ 4,291.)

FOOD & NECESSITIES DISTRIBUTION: THE FORT WORTH HOPE CENTERS MISSION IS TO FIGHT HUNGER AND FEED HOPE IN THE LIVES OF LOW-INCOME INDIVIDUALS WHO STRUGGLE TO MAKE ENDS MEET AND HAVE ENOUGH FOOD TO FEED THEIR FAMILIES. WE FIGHT HUNGER BY DISTRIBUTING OVER \$4 MILLION WORTH OF FOOD EACH YEAR BOTH FROM OUR FACILITY AND THROUGH 39 OTHER ORGANIZATIONS AS THEY ALSO FEED INDIVIDUALS THROUGH THEIR FACILITIES. IN TOTAL, MORE THAN 341,400 FAMILIES WERE SERVED IN 2021. DURING THE THANKSGIVING AND CHRISTMAS HOLIDAYS, EXTRA EFFORT IS MADE TO PROVIDE HOLIDAY FOODS SO OUR FAMILIES CAN HAVE A GREAT MEAL ON THANKSGIVING AND CHRISTMAS. WE MOSTLY PROVIDE FRESH AND FROZEN FOODS GIVING THE FAMILIES HIGH QUALITY AND NUTRITIOUS FOOD.

4b (Code: ) (Expenses \$ 178,087. including grants of \$ 10,000.) (Revenue \$ 21,060.)

THE SCHOOL OF HOPE: THE SCHOOL IS A PLACE WHERE UNEMPLOYED AND UNDEREMPLOYED INDIVIDUALS CAN GAIN SKILLS TO GET A JOB WORKING IN THE WAREHOUSE INDUSTRY. THE SCHOOL IS EQUIPPED WITH SIX 6 DIFFERENT WAREHOUSE MATERIAL HANDLEING MACHINES ON WHICH STUDENTS CAN RECIEVE OSHA-COMPLIANT TRAINING. MSSC LOGISTICS COURSES ARE ALSO TAUGHT, LEADING TO NATIONALLY RECOGNIZED CLA AND CLT LOGISTICS CERTIFICATIONS. WAREHOUSE JOBS ARE PLENTIFUL IN DFW BECAUSE IT IS A MAJOR SHIPPING HUB. THE LOGISTICS COURSES ARE APPROVED THROUGH THE TEXAS WORKFORCE COMMISSION AND OUR CLASSES ARE LISTED ON THE STATE APPROVED TRAINING LIST. THESE CLASSES ARE SUPPORTED THROUGH A VARIETY OF FUNDING SOURCES, INCLUDING DONATIONS BY FOUNDATIONS, CORPORATIONS, AND INDIVIDUALS. SELF-PAYERS ARE ALSO ACCEPTED. 114 PEOPLE RECEIVED TRAINING IN 2021.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 4,631,057.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

		Yes	No
<b>2a</b>	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. . . . .		
	<b>2a</b> 9		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	X	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
<b>b</b>	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. . . . .		
<b>4a</b>	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)? . . . . .		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		X
<b>c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	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? . . . . .		X
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .		X
<b>b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12. . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders. . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>	
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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. . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	X
<b>b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. . . . .	<b>14b</b>	
<b>15</b>	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.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If 'Yes,' complete Form 4720, Schedule O.	<b>16</b>	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator 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.	<b>17</b>	

**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
<b>1 a</b>	Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1 a</b> 8 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>b</b>	Enter the number of voting members included on line 1a, above, who are independent. . . . . <b>1 b</b> 6		
<b>2</b>	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? . . . . . <b>SEE SCHEDULE O</b>	X	
<b>3</b>	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? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7 a</b>	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? . . . . .		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	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. . . . .		X

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

		Yes	No
<b>10 a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>b</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? . . . . .		
<b>11 a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. <b>SEE SCHEDULE O</b>		
<b>12 a</b>	Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . .	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done. . . . . <b>SEE SCHEDULE O</b>	X	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official. . . . .		X
<b>b</b>	Other officers or key employees of the organization. . . . .		X
	If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16 a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>b</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? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 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  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. **SEE SCHEDULE O**
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶  
 JOANN REYES 3625 EAST LOOP 820 SOUTH FORT WORTH TX 76119 817 451-6288

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

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

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

**1 a** 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PASTOR ORLANDO REYES CHAIRMAN	1 0	X		X				0.	0.	0.
(2) ROBERT BALLANCE VICE PRESIDENT	1 0	X		X				0.	0.	0.
(3) OTIS LEMLEY DIRECTOR	1 0	X						0.	0.	0.
(4) ATTORNEY BILL SHEETZ DIRECTOR	1 0	X						0.	0.	0.
(5) CLEOTHA MONTGOMERY DIRECTOR	1 0	X						0.	0.	0.
(6) DAVID HONEYCUTT SECRETARY	1 0	X		X				0.	0.	0.
(7) CINDY FUENTES DIRECTOR	1 0	X						0.	0.	0.
(8) PASTOR JOANN REYES PRESIDENT	1 0			X				0.	0.	0.
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									

<b>1 b Subtotal</b> .....	0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....	0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....	0.	0.	0.

**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 **0**

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

**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 **0**

**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	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1 a</b>				
	<b>b</b> Membership dues .....	<b>1 b</b>				
	<b>c</b> Fundraising events .....	<b>1 c</b>				
	<b>d</b> Related organizations .....	<b>1 d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1 e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1 f</b> 4,905,833.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1 g</b> 4,330,056.				
	<b>h Total.</b> Add lines 1a-1f .....	▶ 4,905,833.				
<b>Program Service Revenue</b>	<b>2 a</b> <u>THE SCHOOL OF HOPE</u> .....		<b>Business Code</b> 611600	21,060.	21,060.	
	<b>b</b> <u>FOOD &amp; CLOTH DISTR: RECYC</u> .....		624210	4,291.	4,291.	
	<b>c</b> ----- .....					
	<b>d</b> ----- .....					
	<b>e</b> ----- .....					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....		▶ 25,351.			
<b>Miscellaneous Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			4.	4.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross rents .....	<b>6 a</b>	(i) Real			
			(ii) Personal			
		<b>b</b> Less: rental expenses .....	<b>6 b</b>			
		<b>c</b> Rental income or (loss) .....	<b>6 c</b>			
	<b>d</b> Net rental income or (loss) .....		▶			
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7 a</b>	(i) Securities			
			(ii) Other			
		<b>b</b> Less: cost or other basis and sales expenses .....	<b>7 b</b>			
		<b>c</b> Gain or (loss) .....	<b>7 c</b>			
	<b>d</b> Net gain or (loss) .....		▶			
	<b>8 a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8 a</b>				
<b>b</b> Less: direct expenses .....		<b>8 b</b>				
<b>c</b> Net income or (loss) from fundraising events .....		▶				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9 a</b>					
	<b>b</b> Less: direct expenses .....	<b>9 b</b>				
<b>c</b> Net income or (loss) from gaming activities .....		▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10 a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>10 b</b>				
<b>c</b> Net income or (loss) from sales of inventory .....		▶				
<b>Miscellaneous Revenue</b>	<b>11 a</b> ----- .....		<b>Business Code</b>			
	<b>b</b> ----- .....					
	<b>c</b> ----- .....					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....		▶			
<b>12 Total revenue.</b> See instructions .....		▶ 4,931,188.	25,355.	0.	0.	

**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.

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	4,293,075.	4,293,075.		
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	0.	0.	0.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	220,048.	160,448.	59,600.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	5,333.		5,333.	
10 Payroll taxes	19,594.	14,287.	5,307.	
11 Fees for services (nonemployees):				
a Management	720.		720.	
b Legal				
c Accounting	2,270.		2,270.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	9,686.			9,686.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	7,000.	7,000.		
12 Advertising and promotion	12,583.	7,859.	4,724.	
13 Office expenses	19,815.	5,171.	14,644.	
14 Information technology	14,449.	411.	14,038.	
15 Royalties				
16 Occupancy	42,612.	25,368.	17,244.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	101,790.	74,307.	27,483.	
23 Insurance	13,311.	12,121.	1,190.	
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 <u>EQUIPMENT COSTS</u>	31,114.	31,010.	104.	
b <u>SUPPLIES</u>	2,709.		584.	2,125.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	4,796,109.	4,631,057.	153,241.	11,811.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	1	Cash – non-interest-bearing	197,695.	1	105,427.	
	2	Savings and temporary cash investments		2	25.	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	297,641.	9	297,279.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,005,446.		
	b	Less: accumulated depreciation	10b	555,191.	10c	450,255.
	11	Investments – publicly traded securities		11		
	12	Investments – other securities. See Part IV, line 11		12		
	13	Investments – program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	23,942.	15	23,944.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	757,756.	16	876,930.		
<b>Liabilities</b>	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	19,443.	22	5,808.	
	23	Secured mortgages and notes payable to unrelated third parties	21,486.	23	15,252.	
	24	Unsecured notes and loans payable to unrelated third parties	149,900.	24	149,900.	
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	4,695.	25	8,659.		
26	<b>Total liabilities.</b> Add lines 17 through 25	195,524.	26	179,619.		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>					
	27	Net assets without donor restrictions	562,232.	27	697,311.	
	28	Net assets with donor restrictions		28		
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>					
	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	<b>Total net assets or fund balances.</b>	562,232.	32	697,311.		
33	<b>Total liabilities and net assets/fund balances.</b>	757,756.	33	876,930.		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,931,188.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,796,109.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	135,079.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	562,232.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	697,311.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2c</b>	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>3b</b>	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization <b>FORT WORTH HOPE CENTER THE HOPE CENTER</b>	Employer identification number <b>01-0801061</b>
---	---

**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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4. . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 <b>Total support.</b> Add lines 7 through 10. . . . .						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First 5 years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14. . . . .	15	%
16a <b>33-1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
b <b>33-1/3% support test—2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. . . . . ▶ <input type="checkbox"/>		

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) . . . . .	3,233,889.	4,630,179.	4,229,083.	4,325,011.	4,905,833.	21,323,995.
<b>2</b> 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. . . . .				295,845.	25,351.	321,196.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						0.
<b>6 Total.</b> Add lines 1 through 5. . . . .	3,233,889.	4,630,179.	4,229,083.	4,620,856.	4,931,184.	21,645,191.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. . . . .	0.	0.	0.	0.	0.	0.
<b>b</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. . . . .	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b. . . . .	0.	0.	0.	0.	0.	0.
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						21,645,191.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6. . . . .	3,233,889.	4,630,179.	4,229,083.	4,620,856.	4,931,184.	21,645,191.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .	2,721.	1,933.	1,087.	20.	4.	5,765.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						0.
<b>c</b> Add lines 10a and 10b. . . . .	2,721.	1,933.	1,087.	20.	4.	5,765.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. . . . .						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI. . . . .	21,020.					21,020.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	3,257,630.	4,632,112.	4,230,170.	4,620,876.	4,931,188.	21,671,976.
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)). . . . .	<b>15</b>	99.88 %
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15. . . . .	<b>16</b>	99.85 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)). . . . .	<b>17</b>	0.03 %
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17. . . . .	<b>18</b>	0.05 %
<b>19a 33-1/3% support tests—2021.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33-1/3% support tests—2020.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . . ▶ <input type="checkbox"/>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?	<b>11a</b>	
<b>b</b> A family member of a person described on line 11a above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.</i>	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>	<b>1</b>	
<b>2</b> 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? <i>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.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> 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? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b> 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? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**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).

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

	Yes	No
<b>a</b> 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? <i>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.</i>	<b>2a</b>	
<b>b</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? <i>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.</i>	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below. <ul style="list-style-type: none"> <li><b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If 'Yes' or 'No,' provide details in Part VI.</i></li> <li><b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i></li> </ul>	<b>3a</b>	
	<b>3b</b>	

**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.

<b>Section A – Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B – Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>			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	<b>Distributable Amount.</b> 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)

<b>Section D – Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required – provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E – Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required – explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016 . . . . .			
<b>b</b> From 2017 . . . . .			
<b>c</b> From 2018 . . . . .			
<b>d</b> From 2019 . . . . .			
<b>e</b> From 2020 . . . . .			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017 . . . . .			
<b>b</b> Excess from 2018 . . . . .			
<b>c</b> Excess from 2019 . . . . .			
<b>d</b> Excess from 2020 . . . . .			
<b>e</b> Excess from 2021 . . . . .			

BAA

Schedule A (Form 990) 2021

**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.)

**PART III, LINE 12 - OTHER INCOME**

<u>NATURE AND SOURCE</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>
INSURANCE PROCEEDS					\$ 21,020.
TOTAL	\$ 0.	\$ 0.	\$ 0.	\$ 0.	\$ 21,020.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization FORT WORTH HOPE CENTER THE HOPE CENTER

Employer identification number 01-0801061

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 FORT WORTH HOPE CENTER	Employer identification number 01-0801061
--	--

**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	COMMUNITY FOOD BANK 3000 GALVEZ AVENUE FORT WORTH, TX 76111	\$ 323,699.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	FEED THE CHILDREN PO BOX 36 OKLAHOMA CITY, OK 73101	\$ 264,409.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	HARVESTING INTERNATIONAL MINISTRY C 560 EASY STREET MANSFIELD, TX 76063	\$ 74,480.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	QUALITY SAUSAGE COMPANY 1925 LONE STAR DRIVE DALLAS, TX 75212	\$ 228,972.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	DI'MARE FRESH 4629 DIPLOMACY RD. FORT WORTH, TX 76155	\$ 80,772.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	TAYLOR FARMS 1001 N. COCKRELL HILL RD DALLAS, TX 75211	\$ 138,136.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FORT WORTH HOPE CENTER	Employer identification number 01-0801061
--	--

**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	TOWNTALK FOODS 121 N BEACH STREET FORT WORTH, TX 76111	\$ 542,959.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	ALBERT & PATRICIA PUIG P.O. BOX 1358 BOWIE, TX 76230	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	AMERICA'S CHARITIES 14150 NEWBROOK DR. STE 110 CHANTILLY, VA 20151	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	DARRYLL & TONYA GIDDINGS 1616 SHADOW HILL DR. FORT WORTH, TX 76112	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 45277	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	GO, INC. PO BOX 1196 HELOTES, TX 78023	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FORT WORTH HOPE CENTER	Employer identification number 01-0801061
--	--

**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	GRAHAM & CAROLYN HOLLOWAY FOUNDATIO PO BOX 989 COLLEYVILLE, TX 76034	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	JAMES AVERY ARTISAN JEWELRY PO BOX 291367 KERRVILLE, TX 78029	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	JOHN P. RYAN FOUNDATION 1320 S. UNIVERSITY DRIVE FORT WORTH, TX 76107	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	LOWE FOUNDATION 4400 POST OAK PKWY 2550 HOUSTON, TX 77027	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	MARGOT PEROT 3000 TURTLE CREEK BLVD DALLAS, TX 75219	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	UNITED WAY OF TARRANT COUNTY 1500 N. MAIN ST. STE. 200 FORT WORTH, TX 76164-0448	\$ 10,747.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FORT WORTH HOPE CENTER	Employer identification number 01-0801061
--	--

**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	MIDWEST FOOD BANK 209 N INDUSTRIAL BLVD BEDFORD, TX 76021	\$ 401,993.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
20	THE GETTING PLACE 6470 US-271 POWDERLY, TX 75473	\$ 488,344.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
21	DEEN MEAT COMPANY 813 E NORTHSIDE DR FORT WORTH, TX 76102	\$ 34,575.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
22	KERRY GROUP 3400 MILLINGTON ROAD BELOIT, WI 53511	\$ 98,005.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
23	TYSON FOODS 3900 MEACHAM BLVD HALTOM CITY, TX 76117	\$ 35,700.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
24	MORNING STAR PRAYER CENTER 5036 WICHITA ST FORT WORTH, TX 76119	\$ 358,671.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FORT WORTH HOPE CENTER	Employer identification number 01-0801061
--	--

**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	DON'T FORGET TO FEED ME 5825 E ROSEDALE S FORT WORTH, TX 76112	\$ 185,829.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
26	JOSEPH STORE HOUSE 4605 DENTON HWY HALTOM CITY, TX 76117	\$ 108,713.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
27	EASTSIDE MINISTRIES 5929 E LANCASTER AVE FORT WORTH, TX 76112	\$ 42,969.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
28	TEXAS MEAT PACKERS 8905 FORUM WAY FORT WORTH, TX 76140	\$ 77,150.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
29	THE BREAD CONNECTION PO BOX 813 KEENE, TX 76059	\$ 11,241.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
30	COMPASSION FOR CHRIST MINISTRIES 732 W KENNEDALE PKWY KENNEDALE, TX 76060	\$ 68,046.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FORT WORTH HOPE CENTER	Employer identification number 01-0801061
--	--

**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
31	COPIA ----- 455 COMMERCE ST. ----- FORT WORTH, TX 76102 -----	\$ 9,829.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/>  (Complete Part II for noncash contributions.)
32	COMMUNITIES FOUNDATION OF TEXAS ----- 5500 CARUTH HAVEN LN ----- DALLAS, TX 75225 -----	\$ 9,635.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions.)
33	US WEALTH MANAGEMENT ----- 30 BRAINTREE HILL OFFICE PARK ----- BRAINTREE, MA 02184 -----	\$ 37,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions.)
34	HATTIE MAE LESLEY FOUNDATION ----- PO BOX 653067 ----- DALLAS, TX 75265 -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions.)
35	XANDER STAFFING LLC ----- 8035 E R L THORTON FWY S# 200 ----- DALLAS, TX 75228 -----	\$ 12,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions.)
36	WITHOUT WALLS CHURCH OF FW INC ----- 3625 E LOOP 820 S ----- FORT WORTH, TX 76119 -----	\$ 11,093.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions.)

Name of organization FORT WORTH HOPE CENTER	Employer identification number 01-0801061
--	--

**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
37	T. PATRICK CARR CHARITABLE TRUST PO BOX 227237 DALLAS, TX 75222	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	LYNN IRVING 3000 HANDLEY DRIVE FORT WORTH, TX 76112	\$ 6,238.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	THE BENEVITY COMMUNITY IMPACT FUND PO BOX 1010 SAFETY HARBOR, FL 34695	\$ 5,013.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	ELEVATION CHURCH 2840 VILLAGE PKWY HIGHLAND VILLAGE, TX 75077	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	NORMAN M KRONICK FW FOUNDATION 306 WEST SEVENTH ST STE 903 FORT WORTH, TX 76102	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	W.P. & BULAH LUSE FOUNDATION 901 MAIN ST., 19TH FL DALLAS, TX 75202	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>FORT WORTH HOPE CENTER</b>	Employer identification number <b>01-0801061</b>
---	---

**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
43	UNDER HIS WINGS ----- 275 COUNTY ROAD 1558 LOT G ----- ALBA, TX 75410 -----	\$ 385,985.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
44	T-MART ----- 3137 E SEMINARY DR ----- FORT WORTH, TX 76119 -----	\$ 47,292.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
45	VANS KITCHEN ----- 4828 READING STREET ----- DALLAS, TX 75247 -----	\$ 37,270.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
46	CHRISTIAN FAMILY BAPTIST ----- 1589 GROSENBACHER ROAD ----- SAN ANTONIO, TX 78245 -----	\$ 17,380.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FORT WORTH HOPE CENTER	Employer identification number 01-0801061
--	--

**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
1	FOOD ----- ----- -----	\$ 323,699.	-----
2	FOOD ----- ----- -----	\$ 264,409.	-----
3	FOOD ----- ----- -----	\$ 74,480.	-----
4	FOOD ----- ----- -----	\$ 228,972.	-----
5	FOOD ----- ----- -----	\$ 80,772.	-----
6	FOOD ----- ----- -----	\$ 138,136.	-----

Name of organization FORT WORTH HOPE CENTER	Employer identification number 01-0801061
--	--

**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
7	FOOD ----- ----- -----	\$ 542,959.	-----
19	FOOD ----- ----- -----	\$ 401,993.	-----
20	FOOD ----- ----- -----	\$ 488,344.	-----
21	FOOD ----- ----- -----	\$ 34,575.	-----
22	FOOD ----- ----- -----	\$ 98,005.	-----
23	FOOD ----- ----- -----	\$ 35,700.	-----

Name of organization FORT WORTH HOPE CENTER	Employer identification number 01-0801061
--	--

**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
24	FOOD ----- ----- -----	\$ 358,671.	-----
25	FOOD ----- ----- -----	\$ 185,829.	-----
26	FOOD ----- ----- -----	\$ 108,713.	-----
27	FOOD ----- ----- -----	\$ 42,969.	-----
28	FOOD ----- ----- -----	\$ 77,150.	-----
29	FOOD ----- ----- -----	\$ 11,241.	-----

Name of organization FORT WORTH HOPE CENTER	Employer identification number 01-0801061
--	--

**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
30	FOOD ----- ----- -----	\$ 68,046.	-----
31	FOOD ----- ----- -----	\$ 9,829.	-----
43	FOOD ----- ----- -----	\$ 385,985.	-----
44	FOOD ----- ----- -----	\$ 47,292.	-----
45	FOOD ----- ----- -----	\$ 37,270.	-----
46	FOOD ----- ----- -----	\$ 17,380.	-----

Name of organization **FORT WORTH HOPE CENTER** Employer identification number **01-0801061**

**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 information once. See instructions.)..... ▶\$                      N/A  
 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
N/A			

(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 D  
(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

FORT WORTH HOPE CENTER  
THE HOPE CENTER

Employer identification number

01-0801061

**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)  Preservation of a historically important land area
- Protection of natural habitat  Preservation of a certified historic structure
- Preservation of open space
- 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 . . . . .	2 a
b Total acreage restricted by conservation easements . . . . .	2 b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2 d

- 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 2(d) 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.

- 1 a 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.

- 1 a 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             | 1 c    |
| d Additions during the year     | 1 d    |
| e Distributions during the year | 1 e    |
| f Ending balance                | 1 f    |
- 2 a 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 on 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
1 a 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%.
- 3 a 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**

**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
1 a Land				
b Buildings				
c Leasehold improvements		36,458.	32,445.	4,013.
d Equipment		519,366.	207,200.	312,166.
e Other		449,622.	315,546.	134,076.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  450,255.

**Part VII Investments – Other Securities.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.)		

**Part VIII Investments – Program Related.**

N/A

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.)		

**Part IX Other Assets.**

N/A

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.)	

**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	6,171.
(2) OTHER LIABILITIES	921.
(3) TX UNEMPLOYMNET TAX	1,567.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.)	8,659.

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.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.** N/A

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

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** N/A

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

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

**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 V, LINE 4 - INTENDED USES OF ENDOWMENT FUND**

FORKLIFT TRAINING SCHOLARSHIPS

**SCHEDULE I  
(Form 990)**

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization  
FORT WORTH HOPE CENTER  
THE HOPE CENTER

Employer identification number  
01-0801061

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 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
(1) ----- -----							
(2) ----- -----							
(3) ----- -----							
(4) ----- -----							
(5) ----- -----							
(6) ----- -----							
(7) ----- -----							
(8) ----- -----							

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

3 Enter total number of other organizations listed in the line 1 table ..... ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 FOOD, CLOTHING, HOUSEHOLD GOODS	386,000		4,283,075.	WHOLESALE	PRIMARILY WEEKLY FOOD PACKAGES
2 SCHOLARSHIPS	20		10,000.	FAIR MARKET VALUE	ASSISTANCE FOR THE SCHOOL OF HOPE
3					
4					
5					
6					
7					

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization <b>FORT WORTH HOPE CENTER THE HOPE CENTER</b>	Employer identification number <b>01-0801061</b>
---	---

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art .....				
2 Art – Historical treasures .....				
3 Art – Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities – Publicly traded .....				
10 Securities – Closely held stock .....				
11 Securities – Partnership, LLC, or trust interests .....				
12 Securities – Miscellaneous .....				
13 Qualified conservation contribution – Historic structures .....				
14 Qualified conservation contribution – Other .....				
15 Real estate – Residential .....				
16 Real estate – Commercial .....				
17 Real estate – Other .....				
18 Collectibles .....				
19 Food inventory .....	X	24	4,330,056.	FMV
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ ) .....				
26 Other ▶ ( _____ ) .....				
27 Other ▶ ( _____ ) .....				
28 Other ▶ ( _____ ) .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement .....	<b>29</b>	
--	-----------	--

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....	<b>30 a</b>		X
b If 'Yes,' describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	<b>31</b>		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	<b>32 a</b>		X
b If 'Yes,' describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

**Schedule M (Form 990) 2021**

---

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

---

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

FORT WORTH HOPE CENTER  
THE HOPE CENTER

Employer identification number

01-0801061

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

THE MISSION OF THE FORT WORTH HOPE CENTER IS TO FIGHT HUNGER AND FEED HOPE BY MEETING PEOPLES' IMMEDIATE NUTRITION NEEDS WHILE ALSO HELPING AS MANY AS POSSIBLE TO BECOME SELF-SUFFICIENT. TO THIS END, WE PROVIDE BOTH GROCERIES AND HOUSEHOLD GOODS TO PEOPLE IN NEED; AND PROVIDE JOB SKILL TRAINING AND JOB PLACEMENT ASSISTANCE FOR THE UNEMPLOYED AND UNDEREMPLOYED.

**FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.**

THE FOUNDERS OF THE HOPE CENTER, ORLANDO REYES, DIRECTOR, AND JOANN REYES, PRESIDENT, ARE MARRIED.

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

THE PRESIDENT REVIEWS THE FORM 990 IN DRAFT FORM AND, AFTER ALL CORRECTIONS AND/OR REVISIONS, THE FORM 990 IS FILED AND A COPY IS DISTRIBUTED TO BOARD MEMBERS.

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

ALL CONTRACTS ARE DISCUSSED AT BOARD MEETINGS. ANY POSSIBLE CONFLICT OF INTEREST IS MONITORED THROUGH DISCUSSIONS AND OBSERVATIONS MADE BY THE BOARD. ALL MEMBERS OF THE BOARD ARE HIGHLY MOTIVATED TO AVOID ANY APPEARANCE OF THE CONFLICT OF INTEREST IN ANY TRANSACTIONS ENTERED INTO BY THE CENTER OR ANY BOARD MEMBER OR PERSON AUTHORIZED TO ACT ON BEHALF OF THE HOPE CENTER.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. FINANCIAL INFORMATION IS ALSO AVAILABLE VIA CERTAIN WEBSITES WHICH HIGHLIGHT INFORMATION ON NON PROFIT ORGANIZATIONS.

## Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

▶ **File a separate application for each return.**  
 ▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>FORT WORTH HOPE CENTER THE HOPE CENTER</b>	Taxpayer identification number (TIN) <b>01-0801061</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. <b>3625 EAST LOOP 820 SOUTH</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>FORT WORTH, TX 76119</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of ▶ JOANN REYES \_\_\_\_\_

Telephone No. ▶ 817 451-6288 \_\_\_\_\_ Fax No. ▶ \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box ..... ▶

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box. .... ▶ . If it is for part of the group, check this box ... ▶  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until 11/15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2021 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3 a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions .....	<b>3 a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit .....	<b>3 b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions .....	<b>3 c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2022)

MITZI E. SULLIVAN, CPA  
284 AMANDA WAY  
DECATUR, TX 76234  
940-399-9057

July 28, 2022

FORT WORTH HOPE CENTER  
THE HOPE CENTER  
3625 EAST LOOP 820 SOUTH  
FORT WORTH, TX 76119

Dear Client:

Your 2021 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

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

Sincerely,

Mitzi Sullivan

FORT WORTH HOPE CENTER  
THE HOPE CENTER

01-0801061

	2021	2020	DIFF
<b>REVENUE</b>			
CONTRIBUTIONS AND GRANTS.....	4,905,833	4,562,179	343,654
PROGRAM SERVICE REVENUE.....	25,351	53,372	-28,021
INVESTMENT INCOME.....	4	20	-16
OTHER REVENUE.....	0	5,305	-5,305
TOTAL REVENUE.....	4,931,188	4,620,876	310,312
<b>EXPENSES</b>			
GRANTS AND SIMILAR AMOUNTS PAID.....	4,293,075	4,240,660	52,415
SALARIES, OTHER COMPEN., EMP. BENEFITS...	244,975	207,508	37,467
PROFESSIONAL FUNDRAISING EXPENSES.....	9,686	10,172	-486
OTHER EXPENSES.....	248,373	129,537	118,836
TOTAL EXPENSES.....	4,796,109	4,587,877	208,232
<b>NET ASSETS OR FUND BALANCES</b>			
REVENUE LESS EXPENSES.....	135,079	32,999	102,080
TOTAL ASSETS AT END OF YEAR.....	876,930	757,756	119,174
TOTAL LIABILITIES AT END OF YEAR.....	179,619	195,524	-15,905
NET ASSETS/FUND BALANCES AT END OF YEAR.	697,311	562,232	135,079

2021

**GENERAL INFORMATION**

**PAGE 1**

FORT WORTH HOPE CENTER  
THE HOPE CENTER

01-0801061

**FORMS NEEDED FOR THIS RETURN**

FEDERAL: 990, SCH A, SCH B, SCH D, SCH I, SCH M, SCH O, 8868

**CARRYOVERS TO 2022**

NONE

FORT WORTH HOPE CENTER  
THE HOPE CENTER

01-0801061

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 990/990-PF										
AUTO / TRANSPORT EQUIPMENT										
15	PURCHASE OF 4.5 TON IH	4/14/21		25,000				S/L	5	3,750
18	CAPITAIZED TITLE & REGISTR	8/31/08		403			403	S/L	5	0
19	RECORD FINANCED PORTION OF R	8/31/08		21,272			21,272	S/L	5	0
20	CAPITALIZED INTEREST	8/31/08		3,782			3,782	S/L	5	0
21	TO ADJUST FIXED ASSETS FOR F	12/31/15		-403			-403	S/L	5	0
22	FOOD DISTRIBUTION	4/12/16		-175			-175	S/L	5	0
23	CORRECT SMALL FIXED ASSET A	12/31/16		175			140	S/L	5	35
24	CHECK TO REPLACE OUR REEFER	1/23/17		-21,020			-21,020	S/L	5	0
25	TO CORRECT POSTING OF INSURA	1/23/17		21,020			16,816	S/L	5	4,204
26	FUNDS TRANSFER	3/22/17		15,000			12,000	S/L	5	3,000
27	BOX TRUCK VANDILISM	12/31/19		-7,870			-7,870	S/L	5	0
28	CORRECT RECORDING OF INSURA	12/31/19		7,870			3,148	S/L	5	1,574
29	BANKSTON FORD	12/19/08		14,719			14,719	S/L	5	0
30	ENNIS FORD	12/09/11		16,276			16,276	S/L	5	0
	TOTAL AUTO / TRANSPORT EQUI			96,049		0	59,088			12,563
FURNITURE AND FIXTURES										
38	W/D FOR A/C UNITS PURCHASE	5/14/21		3,000				S/L	7	286
80	INTUIT SOFTWARE	4/18/16		97			91	S/L	5	6
81	PRINTER	8/22/16		1,417			1,228	S/L	5	189
83	TO RECORD DONATED FURNITUR	12/31/16		5,000			4,000	S/L	5	1,000
91	CUSTOM CABINETS	12/31/09		10,000			10,000	S/L	5	0
99	POWER ELITE	1/08/07		236			236	S/L	5	0
101	DESK CHAIRS PICTURES	12/31/09		50,000			50,000	S/L	5	0
102	CORRECT THE FIXED ASSETS	1/01/12		-75,000			-75,000	S/L	5	0
103	TO ADJUST FIXED ASSETS	12/31/15		-235			-235	S/L	5	0
104	TO RECORD DONATED FUNDS	12/31/16		6,250			5,000	S/L	5	1,250
105	TO RECORD DONATED FUNDS	12/31/16		28,025			22,420	S/L	5	5,605
106	COST OF BASIS OF FMV	12/11/07		5,980			5,980	S/L	5	0
107	PALET RACKS	12/30/07		8,000			8,000		5	0
108	REMINBURSEMENT HOME	4/22/09		463			463	S/L	5	0
109	DONATION OF A/C UNIT	8/31/09		400			400	S/L	5	0
110	2 LARGE INDUSTRIAL FASN	9/30/09		365			365	S/L	5	0
111	DOC #199042	8/16/10		500			500	S/L	5	0
112	DOC#199042	10/29/10		250			250	S/L	5	0

FORT WORTH HOPE CENTER  
THE HOPE CENTER

01-0801061

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
113	DOC#199042	11/24/10		250			250	S/L	5	0
114	DOC #199042	12/17/10		250			250	S/L	5	0
115	DOC#199042	1/24/11		250			250	S/L	5	0
116	DOC#199042	3/04/11		250			250	S/L	5	0
117	DOC#199042	3/25/11		750			750	S/L	5	0
118	REFRIGERATION UNIT	3/23/12		2,184			2,184	S/L	5	0
119	EYE WASH STATION	4/20/12		53			53	S/L	5	0
120	EYE WAS STATION	5/17/12		95			95	S/L	5	0
121	HORIZONTAL GAS FURNACE	12/20/12		3,800			3,800	S/L	5	0
122	BNSF MOVING BIN SYSTEM	3/31/13		50,000			50,000	S/L	5	0
123	TO ADJUST FIXED ASSETS	12/31/15		-17,392			-17,392	S/L	5	0
124	REHAB OF FWHC	8/30/19		8,370			3,348	S/L	5	1,674
125	RECORD TOTAL COST OF	3/31/13		96,347			96,347	S/L	5	0
131	GED SFOTWARE PROGRAM	6/30/09		5,000			5,000	S/L	5	0
136	REDUCE CONST MATLS: DONATE	12/31/13		-20,000			-20,000	S/L	5	0
137	ADJ CONST MATLS DOWN TO \$30	12/31/12		-15,000			-15,000	S/L	5	0
139	ADJUST FA TO FORM 990	12/31/15		-10,000			-10,000	S/L	5	0
141	CERAMIC TILE	8/31/06		-353			-353	S/L	5	0
142	KEYBOARDS	7/31/09		-10			-10	S/L	5	0
143	KEYBOARDS	6/01/11		7			7	S/L	5	0
144	KEYBOARDS	12/16/08		28			28	S/L	5	0
145	KEYBOARDS	11/28/08		32			32	S/L	5	0
146	KEYBOARDS	3/27/09		44			44	S/L	5	0
147	KEYBOARDS	8/21/09		54			54	S/L	5	0
148	KEYBOARDS	8/04/09		63			63	S/L	5	0
149	KEYBOARDS	11/17/08		93			93	S/L	5	0
150	KEYBOARDS	7/27/09		130			130	S/L	5	0
151	KEYBOARDS	7/29/09		253			253	S/L	5	0
152	KEYBOARDS	11/30/06		353			353	S/L	5	0
153	KEYBOARDS	4/08/09		550			550	S/L	5	0
154	KEYBOARDS	12/05/08		568			568	S/L	5	0
155	KEYBOARDS	12/05/08		591			591	S/L	5	0
156	KEYBOARDS	2/04/09		700			700	S/L	5	0
157	KEYBOARDS	3/06/09		734			734	S/L	5	0
158	KEYBOARDS	5/07/09		829			829	S/L	5	0
159	CABINETS	5/31/10		5,000			5,000	S/L	5	0
160	REPLACE CARPET	12/31/09		15,000			15,000	S/L	5	0
162	CARPET	3/31/10		25,000			25,000	S/L	5	0
164	FURNITURE	12/31/09		75,000			75,000	S/L	5	0

FORT WORTH HOPE CENTER  
THE HOPE CENTER

01-0801061

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
165	FURNITURE & FIXTURES	1/31/07		175,000			175,000	S/L	5	0
166	2021 990 ADJUSTMENT	12/31/21		1			-128,014	S/L	5	0
	TOTAL FURNITURE AND FIXTURE			449,622		0	305,535			10,010
IMPROVEMENTS										
39	COMPLETE REMODEL	9/26/19		545			69	S/L	10	55
65	DENTAL EQUIPMENT BUILD OUT	7/31/12		35,913			28,730	S/L	10	3,591
	TOTAL IMPROVEMENTS			36,458		0	28,799			3,646
MACHINERY AND EQUIPMENT										
1	2014 990 ADJUSTMENT	12/31/14		-12,399			-12,399	S/L	5	0
2	ELECTRIC PALLET JACK & ORDER	1/01/15		35,000			35,000	S/L	5	0
3	AEC EQUIPMENT RENTAL	1/06/15		12,398			12,398	S/L	5	0
4	ADJUST FIXED ASSET TO FORM 9	12/31/15		-22,431			-22,431	S/L	5	0
5	RAYMOND REACH TRUCK	11/28/18		15,000			6,000	S/L	5	3,000
6	RAYMOND REACH TRUCK	12/28/18		21,686			13,011	S/L	5	4,337
7	4050 FORKLIFT 8BWS13-10184	1/01/20		10,476			2,093	S/L	5	2,095
8	TO RECORD LEASE TO OWN FORK	1/01/20		19,698			3,940	S/L	5	3,940
9	2000 INTN'L MODEL 4700	12/24/07		20,000			20,000	S/L	5	0
10	TRUCK	12/31/07		13,140			13,140	S/L	5	0
13	CORRECT MICAH EL BURGE SALE	10/18/17		-33,140			-33,140	S/L	5	0
14	TRUCKS PURCHASED WITH FW FU	2/09/21		308,722				S/L	5	56,599
31	3826 TRANSFER FUNDS TRUCK R	2/09/12		850			850	S/L	5	0
32	TO ADJUST FIXED ASSETS TO FO	12/31/15		-850			-850	S/L	5	0
33	KYSOR PANEL SYSTEMS	1/05/13		71,347			71,347	S/L	5	0
34	ALPHA CONNECTIONS	1/29/19		8,000			3,200	S/L	5	1,600
35	ELLIOTT ELECTRIC SUPPLY	1/29/13		4,500			4,500	S/L	5	0
36	KYSOR PANEL SYSTEMS	3/28/13		12,500			12,500	S/L	5	0
37	RECORD TOTAL COST OF NEW SY	3/31/13		-96,347			-96,347	S/L	5	0
40	SPOILAGE	12/31/06		-377			-377	S/L	5	0
41	YTD INVENTORY	12/31/06		22,697			22,697	S/L	5	0
42	INV CLEANING SUPPLY	12/31/06		4,417			4,417	S/L	5	0
43	COMPUTER EQUIPMENT DISTRIB	11/30/08		18,750			18,750	S/L	5	0
44	ADDL PC EQUIP DEC 2008	12/31/08		38,664			38,664	S/L	5	0
45	WRITE DOWN INVENTORYL COMPU	12/31/08		-6,823			-6,823	S/L	5	0
46	ESTIMATED DISTRIBUTED COMP	12/31/08		-57,891			-57,891	S/L	5	0
48	MOVE TO COMPUTER SCHOOL RE	12/31/09		-75,000			-75,000	S/L	5	0

FORT WORTH HOPE CENTER  
THE HOPE CENTER

01-0801061

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
49	COMPUTERS TO BE REPAIRED	12/31/09		-2,500			-2,500	S/L	5	0
50	ADJUST COMPUTER INVENTORY	12/31/09		-39,030			-39,030	S/L	5	0
51	30 DESK TOP AND 10 LAPTOP	10/21/11		30,000			30,000	S/L	5	0
54	REDUCE SCHOOL COMPUTERS	12/31/12		-20,000			-20,000	S/L	5	0
55	ADJ COMPUTER INVENTORY	12/31/13		-20,000			-20,000	S/L	5	0
56	TO ADJUST BOOKS TO 2013 FOR	1/01/14		-10,000			-10,000	S/L	5	0
57	SIEMANS PANORAMIC	9/25/09		5,000			5,000	S/L	5	0
58	EQUIPMENT FOR DENTAL CLINIC	1/31/18		10,000			6,000	S/L	5	2,000
59	EXRAY MACHINE	3/31/18		10,000			6,000	S/L	5	2,000
60	DENTAL MATERIALS DONATED	12/23/11		10,000			10,000	S/L	5	0
61	DENTAL EQUIPMENT EXRAY CHAI	8/31/12		20,000			20,000	S/L	5	0
62	CORRECT SMALL FIXED ASSET A	12/31/15		4,300			4,300	S/L	5	0
66	DVD BURNER	12/17/04		237			237	S/L	5	0
67	DELL COMPUTER	9/02/05		1,905			1,905	S/L	5	0
68	DELL COMPUTER	9/09/05		-2,503			-2,503	S/L	5	0
69	DELL REFUND	9/09/05		-160			-160	S/L	5	0
70	DELL COMPUTER REFUND	10/12/05		-299			-299	S/L	5	0
71	DELL COMPUTER REFUND	10/31/05		-299			-299	S/L	5	0
72	DELL REFUND	12/30/05		-319			-319	S/L	5	0
73	DELL REFUND	12/30/05		-24			-24	S/L	5	0
74	TX SPECIALTIES FOR USE	12/31/06		55,000			55,000	S/L	5	0
75	TO CORRECT DELL COMPUTER JE	12/31/07		5,351			5,351	S/L	5	0
76	30 DESKTOP AND 10 LAPTOP	12/24/11		25,000			25,000	S/L	5	0
77	TO ADJUST FIXED ASSETS TO FR	12/31/15		-3,888			-3,888	S/L	5	0
82	CORRECT SMALL FIXED ASSET A	12/31/16		-97			-97	S/L	5	0
85	EUROSTOVES INC	3/19/09		6,447			6,447	S/L	5	0
86	EUROSTOVES INC	4/04/09		240			240	S/L	5	0
87	SUPPLIES CULINARY PROGRAM	5/21/09		501			501	S/L	5	0
88	REMODEL ROOM/BUILD IN	12/31/09		5,000			5,000	S/L	5	0
89	PLUMBING AND ELECTRICAL	12/31/09		1,500			1,500	S/L	5	0
90	COOKWARE AND SERVING	12/31/09		2,000			2,000	S/L	5	0
92	TWO BOSCH DISWASHER	12/31/09		1,800			1,800	S/L	5	0
93	INV 224576	6/21/10		320			320	S/L	5	0
94	KITCHEN STEEL TABEL	8/05/11		46			46	S/L	5	0
95	KITCHEN STEEL TABLE	12/06/11		341			341	S/L	5	0
96	KITCHEN STEEL TABLE	12/21/11		273			273	S/L	5	0
97	REFRIGERATOR AND FREEZE	2/01/12		6,451			6,451	S/L	5	0
98	TO ADJUST FIXED ASSETS	12/31/15		-1,721			-1,721	S/L	5	0
134	WRITE DOWN INVENTORYL COMPU	12/31/08		-25,958			-25,958	S/L	5	0

FORT WORTH HOPE CENTER  
THE HOPE CENTER

01-0801061

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
135	30 TO GROUPS	12/30/07		-25,000			-25,000	S/L	5	0
138	COMPUTER INVENTORY	4/30/07		-10,000			-10,000	S/L	5	0
140	ADJUST FA TO FORM 990	12/31/15		-4,667			-4,667	S/L	5	0
161	PRICE-DARR EQUIPMENT	9/24/07		22,432			22,432	S/L	5	0
163	COMPUTER INVENTORY	1/31/07		33,051			33,051	S/L	5	0
	TOTAL MACHINERY AND EQUIPME			423,317		0	59,979			75,571
	TOTAL DEPRECIATION			<u>1,005,446</u>		<u>0</u>	<u>453,401</u>			<u>101,790</u>
	GRAND TOTAL DEPRECIATION			<u>1,005,446</u>		<u>0</u>	<u>453,401</u>			<u>101,790</u>

FORT WORTH HOPE CENTER  
THE HOPE CENTER

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
AUTO / TRANSPORT EQUIPMENT																
15	PURCHASE OF 4.5 TON IH	4/14/21		25,000							25,000		S/L	5		3,750
18	CAPITAIZED TITLE & REGISTR	8/31/08		403							403	403	S/L	5		0
19	RECORD FINANCED PORTION OF R	8/31/08		21,272							21,272	21,272	S/L	5		0
20	CAPITALIZED INTEREST	8/31/08		3,782							3,782	3,782	S/L	5		0
21	TO ADJUST FIXED ASSETS FOR F	12/31/15		-403							0	-403	S/L	5		0
22	FOOD DISTRIBUTION	4/12/16		-175							0	-175	S/L	5		0
23	CORRECT SMALL FIXED ASSET A	12/31/16		175							175	140	S/L	5		35
24	CHECK TO REPLACE OUR REEFER	1/23/17		-21,020							0	-21,020	S/L	5		0
25	TO CORRECT POSTING OF INSURA	1/23/17		21,020							21,020	16,816	S/L	5		4,204
26	FUNDS TRANSFER	3/22/17		15,000							15,000	12,000	S/L	5		3,000
27	BOX TRUCK VANDILISM	12/31/19		-7,870							0	-7,870	S/L	5		0
28	CORRECT RECORDING OF INSURAN	12/31/19		7,870							7,870	3,148	S/L	5		1,574
29	BANKSTON FORD	12/19/08		14,719							14,719	14,719	S/L	5		0
30	ENNIS FORD	12/09/11		16,276							16,276	16,276	S/L	5		0
	TOTAL AUTO / TRANSPORT EQUIP			96,049		0	0	0	0	0	125,517	59,088				12,563
FURNITURE AND FIXTURES																
38	W/D FOR A/C UNITS PURCHASE	5/14/21		3,000							3,000		S/L	7		286
80	INTUIT SOFTWARE	4/18/16		97							97	91	S/L	5		6
81	PRINTER	8/22/16		1,417							1,417	1,228	S/L	5		189
83	TO RECORD DONATED FURNITURE	12/31/16		5,000							5,000	4,000	S/L	5		1,000
91	CUSTOM CABINETS	12/31/09		10,000							10,000	10,000	S/L	5		0
99	POWER ELITE	1/08/07		236							236	236	S/L	5		0

12/31/21

## 2021 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

FORT WORTH HOPE CENTER  
THE HOPE CENTER

01-0801061

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
101	DESK CHAIRS PICTURES	12/31/09		50,000							50,000	50,000	S/L	5		0
102	CORRECT THE FIXED ASSETS	1/01/12		-75,000							0	-75,000	S/L	5		0
103	TO ADJUST FIXED ASSETS	12/31/15		-235							0	-235	S/L	5		0
104	TO RECORD DONATED FUNDS	12/31/16		6,250							6,250	5,000	S/L	5		1,250
105	TO RECORD DONATED FUNDS	12/31/16		28,025							28,025	22,420	S/L	5		5,605
106	COST OF BASIS OF FMV	12/11/07		5,980							5,980	5,980	S/L	5		0
107	PALET RACKS	12/30/07		8,000							8,000	8,000		5		0
108	REMINBURSEMENT HOME	4/22/09		463							463	463	S/L	5		0
109	DONATION OF A/C UNIT	8/31/09		400							400	400	S/L	5		0
110	2 LARGE INDUSTRIAL FASN	9/30/09		365							365	365	S/L	5		0
111	DOC #199042	8/16/10		500							500	500	S/L	5		0
112	DOC#199042	10/29/10		250							250	250	S/L	5		0
113	DOC#199042	11/24/10		250							250	250	S/L	5		0
114	DOC #199042	12/17/10		250							250	250	S/L	5		0
115	DOC#199042	1/24/11		250							250	250	S/L	5		0
116	DOC#199042	3/04/11		250							250	250	S/L	5		0
117	DOC#199042	3/25/11		750							750	750	S/L	5		0
118	REFRIGERATION UNIT	3/23/12		2,184							2,184	2,184	S/L	5		0
119	EYE WASH STATION	4/20/12		53							53	53	S/L	5		0
120	EYE WAS STATION	5/17/12		95							95	95	S/L	5		0
121	HORIZONTAL GAS FURNACE	12/20/12		3,800							3,800	3,800	S/L	5		0
122	BNSF MOVING BIN SYSTEM	3/31/13		50,000							50,000	50,000	S/L	5		0
123	TO ADJUST FIXED ASSETS	12/31/15		-17,392							0	-17,392	S/L	5		0
124	REHAB OF FWHC	8/30/19		8,370							8,370	3,348	S/L	5		1,674
125	RECORD TOTAL COST OF	3/31/13		96,347							96,347	96,347	S/L	5		0
131	GED SFOTWARE PROGRAM	6/30/09		5,000							5,000	5,000	S/L	5		0
136	REDUCE CONST MATLS: DONATED	12/31/13		-20,000							0	-20,000	S/L	5		0

FORT WORTH HOPE CENTER  
THE HOPE CENTER

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
137	ADJ CONST MATLS DOWN TO \$30K	12/31/12		-15,000							0	-15,000	S/L	5		0
139	ADJUST FA TO FORM 990	12/31/15		-10,000							0	-10,000	S/L	5		0
141	CERAMIC TILE	8/31/06		-353							0	-353	S/L	5		0
142	KEYBOARDS	7/31/09		-10							0	-10	S/L	5		0
143	KEYBOARDS	6/01/11		7							7	7	S/L	5		0
144	KEYBOARDS	12/16/08		28							28	28	S/L	5		0
145	KEYBOARDS	11/28/08		32							32	32	S/L	5		0
146	KEYBOARDS	3/27/09		44							44	44	S/L	5		0
147	KEYBOARDS	8/21/09		54							54	54	S/L	5		0
148	KEYBOARDS	8/04/09		63							63	63	S/L	5		0
149	KEYBOARDS	11/17/08		93							93	93	S/L	5		0
150	KEYBOARDS	7/27/09		130							130	130	S/L	5		0
151	KEYBOARDS	7/29/09		253							253	253	S/L	5		0
152	KEYBOARDS	11/30/06		353							353	353	S/L	5		0
153	KEYBOARDS	4/08/09		550							550	550	S/L	5		0
154	KEYBOARDS	12/05/08		568							568	568	S/L	5		0
155	KEYBOARDS	12/05/08		591							591	591	S/L	5		0
156	KEYBOARDS	2/04/09		700							700	700	S/L	5		0
157	KEYBOARDS	3/06/09		734							734	734	S/L	5		0
158	KEYBOARDS	5/07/09		829							829	829	S/L	5		0
159	CABINETS	5/31/10		5,000							5,000	5,000	S/L	5		0
160	REPLACE CARPET	12/31/09		15,000							15,000	15,000	S/L	5		0
162	CARPET	3/31/10		25,000							25,000	25,000	S/L	5		0
164	FURNITURE	12/31/09		75,000							75,000	75,000	S/L	5		0
165	FURNITURE & FIXTURES	1/31/07		175,000							175,000	175,000	S/L	5		0
166	2021 990 ADJUSTMENT	12/31/21		1							1	-128,014	S/L	5		0
TOTAL FURNITURE AND FIXTURE				449,622		0	0	0	0	0	587,612	305,535				10,010

FORT WORTH HOPE CENTER  
THE HOPE CENTER

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
IMPROVEMENTS																
39	COMPLETE REMODEL	9/26/19		545							545	69	S/L	10		55
65	DENTAL EQUIPMENT BUILD OUT	7/31/12		35,913							35,913	28,730	S/L	10		3,591
	TOTAL IMPROVEMENTS			36,458		0	0	0	0	0	36,458	28,799				3,646
MACHINERY AND EQUIPMENT																
1	2014 990 ADJUSTMENT	12/31/14		-12,399							0	-12,399	S/L	5		0
2	ELECTRIC PALLET JACK & ORDER	1/01/15		35,000							35,000	35,000	S/L	5		0
3	AEC EQUIPMENT RENTAL	1/06/15		12,398							12,398	12,398	S/L	5		0
4	ADJUST FIXED ASSET TO FORM 9	12/31/15		-22,431							0	-22,431	S/L	5		0
5	RAYMOND REACH TRUCK	11/28/18		15,000							15,000	6,000	S/L	5		3,000
6	RAYMOND REACH TRUCK	12/28/18		21,686							21,686	13,011	S/L	5		4,337
7	4050 FORKLIFT 8BWS13-10184	1/01/20		10,476							10,476	2,093	S/L	5		2,095
8	TO RECORD LEASE TO OWN FORK	1/01/20		19,698							19,698	3,940	S/L	5		3,940
9	2000 INTN'L MODEL 4700	12/24/07		20,000							20,000	20,000	S/L	5		0
10	TRUCK	12/31/07		13,140							13,140	13,140	S/L	5		0
13	CORRECT MICHAEL BURGE SALE	10/18/17		-33,140							0	-33,140	S/L	5		0
14	TRUCKS PURCHASED WITH FW FU	2/09/21		308,722							308,722		S/L	5		56,599
31	3826 TRANSFER FUNDS TRUCK R	2/09/12		850							850	850	S/L	5		0
32	TO ADJUST FIXED ASSETS TO FO	12/31/15		-850							0	-850	S/L	5		0
33	KYSOR PANEL SYSTEMS	1/05/13		71,347							71,347	71,347	S/L	5		0
34	ALPHA CONNECTIONS	1/29/19		8,000							8,000	3,200	S/L	5		1,600
35	ELLIOTT ELECTRIC SUPPLY	1/29/13		4,500							4,500	4,500	S/L	5		0
36	KYSOR PANEL SYSTEMS	3/28/13		12,500							12,500	12,500	S/L	5		0
37	RECORD TOTAL COST OF NEW SYS	3/31/13		-96,347							0	-96,347	S/L	5		0

12/31/21

## 2021 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 5

FORT WORTH HOPE CENTER  
THE HOPE CENTER

01-0801061

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
40	SPOILAGE	12/31/06		-377							0	-377	S/L	5		0
41	YTD INVENTORY	12/31/06		22,697							22,697	22,697	S/L	5		0
42	INV CLEANING SUPPLY	12/31/06		4,417							4,417	4,417	S/L	5		0
43	COMPUTER EQUIPMENT DISTRIBU	11/30/08		18,750							18,750	18,750	S/L	5		0
44	ADDL PC EQUIP DEC 2008	12/31/08		38,664							38,664	38,664	S/L	5		0
45	WRITE DOWN INVENTORYL COMPU	12/31/08		-6,823							0	-6,823	S/L	5		0
46	ESTIMATED DISTRIBUTED COMPU	12/31/08		-57,891							0	-57,891	S/L	5		0
48	MOVE TO COMPUTER SCHOOL REP	12/31/09		-75,000							0	-75,000	S/L	5		0
49	COMPUTERS TO BE REPAIRED	12/31/09		-2,500							0	-2,500	S/L	5		0
50	ADJUST COMPUTER INVENTORY	12/31/09		-39,030							0	-39,030	S/L	5		0
51	30 DESK TOP AND 10 LAPTOP	10/21/11		30,000							30,000	30,000	S/L	5		0
54	REDUCE SCHOOL COMPUTERS	12/31/12		-20,000							0	-20,000	S/L	5		0
55	ADJ COMPUTER INVENTORY	12/31/13		-20,000							0	-20,000	S/L	5		0
56	TO ADJUST BOOKS TO 2013 FORM	1/01/14		-10,000							0	-10,000	S/L	5		0
57	SIEMANS PANORAMIC	9/25/09		5,000							5,000	5,000	S/L	5		0
58	EQUIPMENT FOR DENTAL CLINIC	1/31/18		10,000							10,000	6,000	S/L	5		2,000
59	EXRAY MACHINE	3/31/18		10,000							10,000	6,000	S/L	5		2,000
60	DENTAL MATERIALS DONATED	12/23/11		10,000							10,000	10,000	S/L	5		0
61	DENTAL EQUIPMENT EXRAY CHAI	8/31/12		20,000							20,000	20,000	S/L	5		0
62	CORRECT SMALL FIXED ASSET A	12/31/15		4,300							4,300	4,300	S/L	5		0
66	DVD BURNER	12/17/04		237							237	237	S/L	5		0
67	DELL COMPUTER	9/02/05		1,905							1,905	1,905	S/L	5		0
68	DELL COMPUTER	9/09/05		-2,503							0	-2,503	S/L	5		0
69	DELL REFUND	9/09/05		-160							0	-160	S/L	5		0
70	DELL COMPUTER REFUND	10/12/05		-299							0	-299	S/L	5		0
71	DELL COMPUTER REFUND	10/31/05		-299							0	-299	S/L	5		0
72	DELL REFUND	12/30/05		-319							0	-319	S/L	5		0

FORT WORTH HOPE CENTER  
THE HOPE CENTER

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
73	DELL REFUND	12/30/05		-24							0	-24	S/L	5		0
74	TX SPECIALTIES FOR USE	12/31/06		55,000							55,000	55,000	S/L	5		0
75	TO CORRECT DELL COMPUTER JE	12/31/07		5,351							5,351	5,351	S/L	5		0
76	30 DESKTOP AND 10 LAPTOP	12/24/11		25,000							25,000	25,000	S/L	5		0
77	TO ADJUST FIXED ASSETS TO FR	12/31/15		-3,888							0	-3,888	S/L	5		0
82	CORRECT SMALL FIXED ASSET A	12/31/16		-97							0	-97	S/L	5		0
85	EUROSTOVES INC	3/19/09		6,447							6,447	6,447	S/L	5		0
86	EUROSTOVES INC	4/04/09		240							240	240	S/L	5		0
87	SUPPLIES CULINARY PROGRAM	5/21/09		501							501	501	S/L	5		0
88	REMODEL ROOM/BUILD IN	12/31/09		5,000							5,000	5,000	S/L	5		0
89	PLUMBING AND ELECTRICAL	12/31/09		1,500							1,500	1,500	S/L	5		0
90	COOKWARE AND SERVING	12/31/09		2,000							2,000	2,000	S/L	5		0
92	TWO BOSCH DISWASHER	12/31/09		1,800							1,800	1,800	S/L	5		0
93	INV 224576	6/21/10		320							320	320	S/L	5		0
94	KITCHEN STEEL TABEL	8/05/11		46							46	46	S/L	5		0
95	KITCHEN STEEL TABLE	12/06/11		341							341	341	S/L	5		0
96	KITCHEN STEEL TABLE	12/21/11		273							273	273	S/L	5		0
97	REFRIGERATOR AND FREEZE	2/01/12		6,451							6,451	6,451	S/L	5		0
98	TO ADJUST FIXED ASSETS	12/31/15		-1,721							0	-1,721	S/L	5		0
134	WRITE DOWN INVENTORYL COMPU	12/31/08		-25,958							0	-25,958	S/L	5		0
135	30 TO GROUPS	12/30/07		-25,000							0	-25,000	S/L	5		0
138	COMPUTER INVENTORY	4/30/07		-10,000							0	-10,000	S/L	5		0
140	ADJUST FA TO FORM 990	12/31/15		-4,667							0	-4,667	S/L	5		0
161	PRICE-DARR EQUIPMENT	9/24/07		22,432							22,432	22,432	S/L	5		0
163	COMPUTER INVENTORY	1/31/07		33,051							33,051	33,051	S/L	5		0
TOTAL MACHINERY AND EQUIPME				423,317		0	0	0	0	0	895,040	59,979				75,571

12/31/21

2021 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 7

FORT WORTH HOPE CENTER  
THE HOPE CENTER

01-0801061

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
	TOTAL DEPRECIATION			<u>1,005,446</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,644,627</u>	<u>453,401</u>				<u>101,790</u>
	GRAND TOTAL DEPRECIATION			<u>1,005,446</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,644,627</u>	<u>453,401</u>				<u>101,790</u>

FORT WORTH HOPE CENTER  
THE HOPE CENTER

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
AUTO / TRANSPORT EQUIPMENT																
15	PURCHASE OF 4.5 TON IH	4/14/21		25,000							25,000	3,750	S/L	5		5,000
18	CAPITAIZED TITLE & REGISTR	8/31/08		403							403	403	S/L	5		0
19	RECORD FINANCED PORTION OF R	8/31/08		21,272							21,272	21,272	S/L	5		0
20	CAPITALIZED INTEREST	8/31/08		3,782							3,782	3,782	S/L	5		0
21	TO ADJUST FIXED ASSETS FOR F	12/31/15		-403							0	-403	S/L	5		0
22	FOOD DISTRIBUTION	4/12/16		-175							0	-175	S/L	5		0
23	CORRECT SMALL FIXED ASSET A	12/31/16		175							175	175	S/L	5		0
24	CHECK TO REPLACE OUR REEFER	1/23/17		-21,020							0	-21,020	S/L	5		0
25	TO CORRECT POSTING OF INSURA	1/23/17		21,020							21,020	21,020	S/L	5		0
26	FUNDS TRANSFER	3/22/17		15,000							15,000	15,000	S/L	5		0
27	BOX TRUCK VANDILISM	12/31/19		-7,870							0	-7,870	S/L	5		0
28	CORRECT RECORDING OF INSURAN	12/31/19		7,870							7,870	4,722	S/L	5		1,574
29	BANKSTON FORD	12/19/08		14,719							14,719	14,719	S/L	5		0
30	ENNIS FORD	12/09/11		16,276							16,276	16,276	S/L	5		0
	TOTAL AUTO / TRANSPORT EQUIP			96,049		0	0	0	0	0	125,517	71,651				6,574
FURNITURE AND FIXTURES																
38	W/D FOR A/C UNITS PURCHASE	5/14/21		3,000							3,000	286	S/L	7		429
80	INTUIT SOFTWARE	4/18/16		97							97	97	S/L	5		0
81	PRINTER	8/22/16		1,417							1,417	1,417	S/L	5		0
83	TO RECORD DONATED FURNITURE	12/31/16		5,000							5,000	5,000	S/L	5		0
91	CUSTOM CABINETS	12/31/09		10,000							10,000	10,000	S/L	5		0
99	POWER ELITE	1/08/07		236							236	236	S/L	5		0

12/31/22

## 2022 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

FORT WORTH HOPE CENTER  
THE HOPE CENTER

01-0801061

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
101	DESK CHAIRS PICTURES	12/31/09		50,000							50,000	50,000	S/L	5		0
102	CORRECT THE FIXED ASSETS	1/01/12		-75,000							0	-75,000	S/L	5		0
103	TO ADJUST FIXED ASSETS	12/31/15		-235							0	-235	S/L	5		0
104	TO RECORD DONATED FUNDS	12/31/16		6,250							6,250	6,250	S/L	5		0
105	TO RECORD DONATED FUNDS	12/31/16		28,025							28,025	28,025	S/L	5		0
106	COST OF BASIS OF FMV	12/11/07		5,980							5,980	5,980	S/L	5		0
107	PALET RACKS	12/30/07		8,000							8,000	8,000		5		0
108	REMINBURSEMENT HOME	4/22/09		463							463	463	S/L	5		0
109	DONATION OF A/C UNIT	8/31/09		400							400	400	S/L	5		0
110	2 LARGE INDUSTRIAL FASN	9/30/09		365							365	365	S/L	5		0
111	DOC #199042	8/16/10		500							500	500	S/L	5		0
112	DOC#199042	10/29/10		250							250	250	S/L	5		0
113	DOC#199042	11/24/10		250							250	250	S/L	5		0
114	DOC #199042	12/17/10		250							250	250	S/L	5		0
115	DOC#199042	1/24/11		250							250	250	S/L	5		0
116	DOC#199042	3/04/11		250							250	250	S/L	5		0
117	DOC#199042	3/25/11		750							750	750	S/L	5		0
118	REFRIGERATION UNIT	3/23/12		2,184							2,184	2,184	S/L	5		0
119	EYE WASH STATION	4/20/12		53							53	53	S/L	5		0
120	EYE WAS STATION	5/17/12		95							95	95	S/L	5		0
121	HORIZONTAL GAS FURNACE	12/20/12		3,800							3,800	3,800	S/L	5		0
122	BNSF MOVING BIN SYSTEM	3/31/13		50,000							50,000	50,000	S/L	5		0
123	TO ADJUST FIXED ASSETS	12/31/15		-17,392							0	-17,392	S/L	5		0
124	REHAB OF FWHC	8/30/19		8,370							8,370	5,022	S/L	5		1,674
125	RECORD TOTAL COST OF	3/31/13		96,347							96,347	96,347	S/L	5		0
131	GED SFOTWARE PROGRAM	6/30/09		5,000							5,000	5,000	S/L	5		0
136	REDUCE CONST MATLS: DONATED	12/31/13		-20,000							0	-20,000	S/L	5		0

FORT WORTH HOPE CENTER  
THE HOPE CENTER

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
137	ADJ CONST MATLS DOWN TO \$30K	12/31/12		-15,000							0	-15,000	S/L	5		0
139	ADJUST FA TO FORM 990	12/31/15		-10,000							0	-10,000	S/L	5		0
141	CERAMIC TILE	8/31/06		-353							0	-353	S/L	5		0
142	KEYBOARDS	7/31/09		-10							0	-10	S/L	5		0
143	KEYBOARDS	6/01/11		7							7	7	S/L	5		0
144	KEYBOARDS	12/16/08		28							28	28	S/L	5		0
145	KEYBOARDS	11/28/08		32							32	32	S/L	5		0
146	KEYBOARDS	3/27/09		44							44	44	S/L	5		0
147	KEYBOARDS	8/21/09		54							54	54	S/L	5		0
148	KEYBOARDS	8/04/09		63							63	63	S/L	5		0
149	KEYBOARDS	11/17/08		93							93	93	S/L	5		0
150	KEYBOARDS	7/27/09		130							130	130	S/L	5		0
151	KEYBOARDS	7/29/09		253							253	253	S/L	5		0
152	KEYBOARDS	11/30/06		353							353	353	S/L	5		0
153	KEYBOARDS	4/08/09		550							550	550	S/L	5		0
154	KEYBOARDS	12/05/08		568							568	568	S/L	5		0
155	KEYBOARDS	12/05/08		591							591	591	S/L	5		0
156	KEYBOARDS	2/04/09		700							700	700	S/L	5		0
157	KEYBOARDS	3/06/09		734							734	734	S/L	5		0
158	KEYBOARDS	5/07/09		829							829	829	S/L	5		0
159	CABINETS	5/31/10		5,000							5,000	5,000	S/L	5		0
160	REPLACE CARPET	12/31/09		15,000							15,000	15,000	S/L	5		0
162	CARPET	3/31/10		25,000							25,000	25,000	S/L	5		0
164	FURNITURE	12/31/09		75,000							75,000	75,000	S/L	5		0
165	FURNITURE & FIXTURES	1/31/07		175,000							175,000	175,000	S/L	5		0
166	2021 990 ADJUSTMENT	12/31/21		1							1	-128,014	S/L	5		0
TOTAL FURNITURE AND FIXTURE				449,622		0	0	0	0	0	587,612	315,545				2,103

FORT WORTH HOPE CENTER  
THE HOPE CENTER

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
IMPROVEMENTS																
39	COMPLETE REMODEL	9/26/19		545							545	124	S/L	10		55
65	DENTAL EQUIPMENT BUILD OUT	7/31/12		35,913							35,913	32,321	S/L	10		2,095
	TOTAL IMPROVEMENTS			36,458		0	0	0	0	0	36,458	32,445				2,150
MACHINERY AND EQUIPMENT																
1	2014 990 ADJUSTMENT	12/31/14		-12,399							0	-12,399	S/L	5		0
2	ELECTRIC PALLET JACK & ORDER	1/01/15		35,000							35,000	35,000	S/L	5		0
3	AEC EQUIPMENT RENTAL	1/06/15		12,398							12,398	12,398	S/L	5		0
4	ADJUST FIXED ASSET TO FORM 9	12/31/15		-22,431							0	-22,431	S/L	5		0
5	RAYMOND REACH TRUCK	11/28/18		15,000							15,000	9,000	S/L	5		3,000
6	RAYMOND REACH TRUCK	12/28/18		21,686							21,686	17,348	S/L	5		4,337
7	4050 FORKLIFT 8BWS13-10184	1/01/20		10,476							10,476	4,188	S/L	5		2,095
8	TO RECORD LEASE TO OWN FORK	1/01/20		19,698							19,698	7,880	S/L	5		3,940
9	2000 INTN'L MODEL 4700	12/24/07		20,000							20,000	20,000	S/L	5		0
10	TRUCK	12/31/07		13,140							13,140	13,140	S/L	5		0
13	CORRECT MICHAEL BURGE SALE	10/18/17		-33,140							0	-33,140	S/L	5		0
14	TRUCKS PURCHASED WITH FW FU	2/09/21		308,722							308,722	56,599	S/L	5		61,744
31	3826 TRANSFER FUNDS TRUCK R	2/09/12		850							850	850	S/L	5		0
32	TO ADJUST FIXED ASSETS TO FO	12/31/15		-850							0	-850	S/L	5		0
33	KYSOR PANEL SYSTEMS	1/05/13		71,347							71,347	71,347	S/L	5		0
34	ALPHA CONNECTIONS	1/29/19		8,000							8,000	4,800	S/L	5		1,600
35	ELLIOTT ELECTRIC SUPPLY	1/29/13		4,500							4,500	4,500	S/L	5		0
36	KYSOR PANEL SYSTEMS	3/28/13		12,500							12,500	12,500	S/L	5		0
37	RECORD TOTAL COST OF NEW SYS	3/31/13		-96,347							0	-96,347	S/L	5		0

12/31/22

## 2022 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 5

FORT WORTH HOPE CENTER  
THE HOPE CENTER

01-0801061

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
40	SPOILAGE	12/31/06		-377							0	-377	S/L	5		0
41	YTD INVENTORY	12/31/06		22,697							22,697	22,697	S/L	5		0
42	INV CLEANING SUPPLY	12/31/06		4,417							4,417	4,417	S/L	5		0
43	COMPUTER EQUIPMENT DISTRIBU	11/30/08		18,750							18,750	18,750	S/L	5		0
44	ADDL PC EQUIP DEC 2008	12/31/08		38,664							38,664	38,664	S/L	5		0
45	WRITE DOWN INVENTORYL COMPU	12/31/08		-6,823							0	-6,823	S/L	5		0
46	ESTIMATED DISTRIBUTED COMPU	12/31/08		-57,891							0	-57,891	S/L	5		0
48	MOVE TO COMPUTER SCHOOL REP	12/31/09		-75,000							0	-75,000	S/L	5		0
49	COMPUTERS TO BE REPAIRED	12/31/09		-2,500							0	-2,500	S/L	5		0
50	ADJUST COMPUTER INVENTORY	12/31/09		-39,030							0	-39,030	S/L	5		0
51	30 DESK TOP AND 10 LAPTOP	10/21/11		30,000							30,000	30,000	S/L	5		0
54	REDUCE SCHOOL COMPUTERS	12/31/12		-20,000							0	-20,000	S/L	5		0
55	ADJ COMPUTER INVENTORY	12/31/13		-20,000							0	-20,000	S/L	5		0
56	TO ADJUST BOOKS TO 2013 FORM	1/01/14		-10,000							0	-10,000	S/L	5		0
57	SIEMANS PANORAMIC	9/25/09		5,000							5,000	5,000	S/L	5		0
58	EQUIPMENT FOR DENTAL CLINIC	1/31/18		10,000							10,000	8,000	S/L	5		2,000
59	EXRAY MACHINE	3/31/18		10,000							10,000	8,000	S/L	5		2,000
60	DENTAL MATERIALS DONATED	12/23/11		10,000							10,000	10,000	S/L	5		0
61	DENTAL EQUIPMENT EXRAY CHAI	8/31/12		20,000							20,000	20,000	S/L	5		0
62	CORRECT SMALL FIXED ASSET A	12/31/15		4,300							4,300	4,300	S/L	5		0
66	DVD BURNER	12/17/04		237							237	237	S/L	5		0
67	DELL COMPUTER	9/02/05		1,905							1,905	1,905	S/L	5		0
68	DELL COMPUTER	9/09/05		-2,503							0	-2,503	S/L	5		0
69	DELL REFUND	9/09/05		-160							0	-160	S/L	5		0
70	DELL COMPUTER REFUND	10/12/05		-299							0	-299	S/L	5		0
71	DELL COMPUTER REFUND	10/31/05		-299							0	-299	S/L	5		0
72	DELL REFUND	12/30/05		-319							0	-319	S/L	5		0

12/31/22

## 2022 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 6

FORT WORTH HOPE CENTER  
THE HOPE CENTER

01-0801061

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
73	DELL REFUND	12/30/05		-24							0	-24	S/L	5		0
74	TX SPECIALTIES FOR USE	12/31/06		55,000							55,000	55,000	S/L	5		0
75	TO CORRECT DELL COMPUTER JE	12/31/07		5,351							5,351	5,351	S/L	5		0
76	30 DESKTOP AND 10 LAPTOP	12/24/11		25,000							25,000	25,000	S/L	5		0
77	TO ADJUST FIXED ASSETS TO FR	12/31/15		-3,888							0	-3,888	S/L	5		0
82	CORRECT SMALL FIXED ASSET A	12/31/16		-97							0	-97	S/L	5		0
84	HR COMPUTER	1/21/22		1,677							1,677		S/L	5		307
85	EUROSTOVES INC	3/19/09		6,447							6,447	6,447	S/L	5		0
86	EUROSTOVES INC	4/04/09		240							240	240	S/L	5		0
87	SUPPLIES CULINARY PROGRAM	5/21/09		501							501	501	S/L	5		0
88	REMODEL ROOM/BUILD IN	12/31/09		5,000							5,000	5,000	S/L	5		0
89	PLUMBING AND ELECTRICAL	12/31/09		1,500							1,500	1,500	S/L	5		0
90	COOKWARE AND SERVING	12/31/09		2,000							2,000	2,000	S/L	5		0
92	TWO BOSCH DISWASHER	12/31/09		1,800							1,800	1,800	S/L	5		0
93	INV 224576	6/21/10		320							320	320	S/L	5		0
94	KITCHEN STEEL TABEL	8/05/11		46							46	46	S/L	5		0
95	KITCHEN STEEL TABLE	12/06/11		341							341	341	S/L	5		0
96	KITCHEN STEEL TABLE	12/21/11		273							273	273	S/L	5		0
97	REFRIGERATOR AND FREEZE	2/01/12		6,451							6,451	6,451	S/L	5		0
98	TO ADJUST FIXED ASSETS	12/31/15		-1,721							0	-1,721	S/L	5		0
134	WRITE DOWN INVENTORYL COMPU	12/31/08		-25,958							0	-25,958	S/L	5		0
135	30 TO GROUPS	12/30/07		-25,000							0	-25,000	S/L	5		0
138	COMPUTER INVENTORY	4/30/07		-10,000							0	-10,000	S/L	5		0
140	ADJUST FA TO FORM 990	12/31/15		-4,667							0	-4,667	S/L	5		0
161	PRICE-DARR EQUIPMENT	9/24/07		22,432							22,432	22,432	S/L	5		0
163	COMPUTER INVENTORY	1/31/07		33,051							33,051	33,051	S/L	5		0
TOTAL MACHINERY AND EQUIPME				424,994		0	0	0	0	0	896,717	135,550				81,023

12/31/22

2022 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 7

FORT WORTH HOPE CENTER  
THE HOPE CENTER

01-0801061

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
	TOTAL DEPRECIATION			<u>1,007,123</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,646,304</u>	<u>555,191</u>				<u>91,850</u>
	GRAND TOTAL DEPRECIATION			<u>1,007,123</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,646,304</u>	<u>555,191</u>				<u>91,850</u>