

Return of Organization Exempt From Income Tax

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2020 calendar year, or tax year beginning _____, 2020, and ending _____, 20	
B Check if applicable:	C
<input type="checkbox"/> Address change	GIVING HOPE INC. 13040 I-10 SERVICE RD NEW ORLEANS, LA 70128
<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	
D Employer identification number 46-3449360	
E Telephone number (504) 940-1578	
G Gross receipts \$ 13,011,192.	
F Name and address of principal officer: TROY DUHON	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
I 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	
J Website: ▶ GIVINGHOPENOLA.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation: 2013	
M State of legal domicile: LA	

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>GIVING HOPE EXISTS TO BRING GLORY TO GOD AND TO PROMOTE HUMAN DIGNITY BY ALLEVIATING THE SUFFERING OF UNDERSERVED INDIVIDUALS AND FAMILIES BY PROVIDING THEM FOOD, CLOTHING, SHELTER, FREEDOM, AND TRUE TO OUR NAME, GIVING HOPE.</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5
	6	Total number of volunteers (estimate if necessary)	6
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	11,461,382.
	9	Program service revenue (Part VIII, line 2g)	12,557,740.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	246,834.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,708,216.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,678,158.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	10,960,877.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	507,325.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 20,124.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	728,898.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,914,381.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	3,793,835.
	20	Total assets (Part X, line 16)	4,594,702.
	21	Total liabilities (Part X, line 26)	216,726.
	22	Net assets or fund balances. Subtract line 21 from line 20	4,377,976.

Part II Signature Block

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

Sign Here	Signature of officer	Date
	TROY DUHON <small>Type or print name and title</small>	President

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00161017
	Firm's name ▶ Dyess & Associates, APAC	TONY W. DYESS, CPA			Firm's EIN ▶ 72-1227981
	Firm's address ▶ 851 PARK AVENUE MANDEVILLE, LA 70448				Phone no. 985-624-5544

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