Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

LAPORTE CPAS & BUSINESS ADVISORS 111 VETERANS MEMORIAL BLVD., #600 METAIRIE, LA 70005-4958

NOVEMBER 10, 2022

CY-HOPE, INC. 12715 TELGE RD CYPRESS, TX 77429

CY-HOPE, INC.:

ENCLOSED ARE THE ORGANIZATION'S 2021 EXEMPT ORGANIZATION RETURNS.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

FORM 990-T RETURN:

NO AMOUNT IS DUE ON FORM 990-T.

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

SINCERELY,

JOHN "JACK" WILES, CPA DIRECTOR

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2021

Prepared for	
	CY-HOPE, INC. 12715 TELGE RD CYPRESS, TX 77429
Prepared by	LAPORTE, APAC 111 VETERANS MEMORIAL BLVD., #600 METAIRIE, LA 70005-4958
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Form 8879-TE	IRS e-file Signature Authorization for a Tax Exempt Entity	OMB No. 1545-0047
	For calendar year 2021, or fiscal year beginning, 2021, and ending	- ^{,20} — 2021
Department of the Treasury	Do not send to the IRS. Keep for your records.	
Internal Revenue Service	Go to www.irs.gov/Form8879TE for the latest information.	
Name of filer		
	E, INC. rson subject to tax LYNDA ZELENKA	**-***6150
Name and title of officer or pe	EXECUTIVE DIRECTOR	
51	Return and Return Information	
Form 5330 filers may ente or 10a below, and the amo whichever is applicable, bit than one line in Part I.	rn for which you are using this Form 8879-TE and enter the applicable amount, if any, r dollars and cents. For all other forms, enter whole dollars only. If you check the box ount on that line for the return being filed with this form was blank, then leave line 1b , ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applic	on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, cable line below. Do not complete more
1a Form 990 check h	ere ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)) 1b <u>3,647,997.</u>
2a Form 990-EZ che		
3a Form 1120-POL of		
4a Form 990-PF che		-
5a Form 8868 check		5b
6a Form 990-T checl		6b
7a Form 4720 check		
8a Form 5227 check		8b
9a Form 5330 check		9b
10a Form 8038-CP ch		
	ion and Signature Authorization of Officer or Person Subject to	
acknowledgement of recei of any refund. If applicable entry to the financial institu- financial institution to debi later than 2 business days payment of taxes to receiv personal identification num PIN: check one box only X I authorize LA as my signature with a state age on the return's co As an officer or p return. If I have i IRS Fed/State p		ng the return or refund, and (c) the date onic funds withdrawal (direct debit) les owed on this return, and the nancial Agent at 1-888-353-4537 no ved in the processing of the electronic of the payment. I have selected a electronic funds withdrawal. to enter my PIN <u>11093</u> Enter five numbers, but do not enter all zeros hat a copy of the return is being filed e aforementioned ERO to enter my PIN in the tax year 2021 electronically filed
Part III Certifica	tion and Authentication	
•	our six-digit electronic filing identification	
number (EFIN) followed by	your five-digit self-selected PIN. 726545700 Do not enter all zer	
-	meric entry is my PIN, which is my signature on the 2021 electronically filed return ind coordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for	
ERO's signature 🕨	Date 🕨	
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To I	 Do So
LHA For Privacy act and	Paperwork Reduction Act Notice, see instructions.	Form 8879-TE (2021)
102521 01-11-22		

Form	8868
------	------

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

► E	ilo a	congrat	o anr	vlicatio	n for	aach	return.	

► Go to 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.*

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.

	UU					
Type or	Name of exempt organization or other filer, see instru	ctions.		Taxpaye	ridentificatio	on number (TIN)
print	CY-HOPE, INC.				**_**	*6150
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 12715 TELGE RD	ee instruc	tions.			
instructions.	City, town or post office, state, and ZIP code. For a for CYPRESS, TX 77429	oreign add	Iress, see instructions.			
Enter the	Return Code for the return that this application is for (fill	e a separa	ate application for each return)			01
Applicat	ion	Return	Application			Return
Is For		Code	Is For			Code
Form 990) or Form 990-EZ	01	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990)-PF	04	Form 5227			10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990)-T (trust other than above)	06	Form 8870			12
Form 990	D-T (corporation)	07				
Teleph If the of If this box 1 I re the 2 If the	books are in the care of \blacktriangleright <u>12715 TELGE RD</u> hone No. \blacktriangleright <u>(713)</u> <u>466-4673</u> organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \blacktriangleright quest an automatic 6-month extension of time until e organization named above. The extension is for the organization named above. The extension is for the organization rate year <u>2021</u> or tax year beginning he tax year entered in line 1 is for less than 12 months, con Change in accounting period	s in the Ur Group Exe and atta NOVEI anization's , an theck reas	Fax No. ▶ nited States, check this box	f this is fo f all memb	r the whole over the extension of the ex	nsion is for.
	nis application is for Forms 990-PF, 990-T, 4720, or 6069 / nonrefundable credits. See instructions.), enter the	e tentative tax, less	3a	\$	0.
est	nis application is for Forms 990-PF, 990-T, 4720, or 6069 imated tax payments made. Include any prior year over	bayment a	llowed as a credit.	3b	\$	0.
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required, by			•
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
Caution: instruction	If you are going to make an electronic funds withdrawal ons.	(direct de	bit) with this Form 8868, see Form 8	453-TE ar	nd Form 887	9-TE for payment
LHA F	or Privacy Act and Paperwork Reduction Act Notice.	see instr	uctions.		Form 8	3868 (Rev. 1-2022)

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

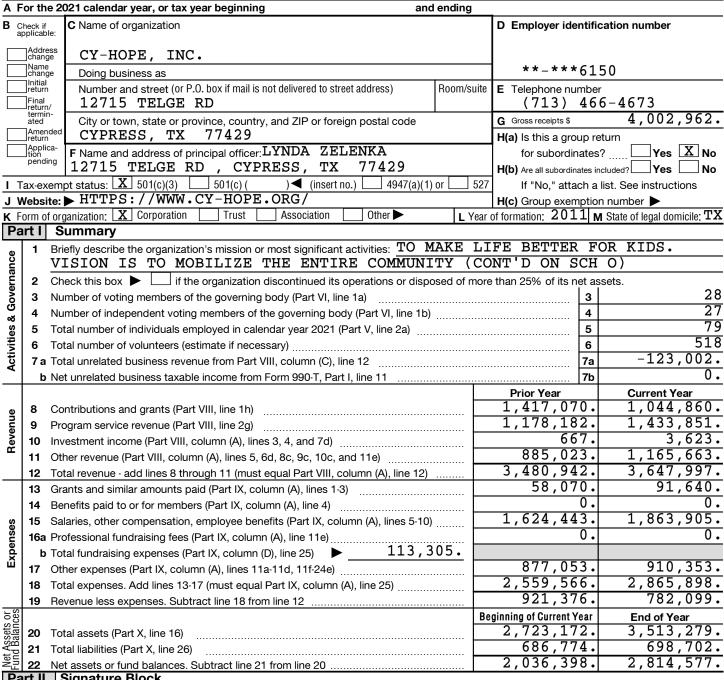
OMB No. 1545-0047

Open to Public

Inspection

► 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.



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.

673
64
22
No No
90 (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

orm	990 (2021) CY-HOPE, INC.	**-***6150 F
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO MAKE LIFE BETTER FOR KIDS. OUR VISION IS TO MOBILIZI	E THE ENTIRE
	COMMUNITY TO PROVIDE OPPORTUNITIES FOR AT-RISK CHILDREN	
	LIFE AND TO SUPPORT AND ENCOURAGE STUDENTS, TEACHERS AND	
	ADMINISTRATORS TO HELP EVERY SCHOOL ACHIEVE EXEMPLARY	
		514105.
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes
	prior Form 990 or 990-EZ?	Yes ∟
	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	s? Yes 🛛
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers, the total expenses, and
	revenue, if any, for each program service reported.	
4 a	(Code:) (Expenses \$ 1,323,761. including grants of \$) (Rev.	enue \$ 1,432,91
14	COUNSELING CENTER - CY-HOPE COUNSELING OFFERS A VARIETY	
	SERVICES INCLUDE WORKING WITH YOUNG CHILDREN THROUGH PI	
	BEHAVIORAL THERAPY, FILIAL THERAPY, AND PARENT CONSULT	
	ADDITION, CY-HOPE COUNSELING SPECIALIZES IN CHILD, ADO	
	TWEEN COUNSELING, DESIGNED WITH EACH CHILD'S SPECIFIC 1	
	COUNSELING ALSO PROVIDES COUPLES COUNSELING, PREMARITAD	
	COUNSELING, AND GROUP COUNSELING. ADULT THERAPY IS ALSO	
	ON A VARIETY OF ISSUES INCLUDING ANXIETY, DEPRESSION, 1	EXISTENTIAL
	CONCERNS, LIFE TRANSITIONS, AND ANGER MANAGEMENT. THERE	APISTS HAVE
	EXPERTISE WORKING WITH CHILDREN ON THE AUTISM SPECTRUM	, OFFERING
	INDIVIDUAL SUPPORT, SOCIAL SKILLS THERAPY, AND PARENT (CONSULTATION.
	COMMUNITY.	
	174 700	
4c	(Code:) (Expenses \$ 174,799. including grants of \$) (Rev	
	BACKPACK PROGRAM - IN AN EFFORT TO PREVENT CHILDHOOD HU	
	PROVIDE EACH CHILD THE OPPORTUNITY TO SUCCEED IN SCHOOL	
	BACKPACK PROGRAM PROVIDES FOOD FOR NEEDY SCHOOL CHILDRI	
	IN EACH BAG, CHILDREN FIND FOOD THAT WILL HELP SUSTAIN	THEM THROUGH
	WEEKENDS WHEN SCHOOL FOOD IS NOT ACCESSIBLE. CY-HOPE, I	INV. CURRENTLY
	SERVES 66 SCHOOLS WHICH INCLUDES OVER 1,850 CHILDREN.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 259,794. including grants of \$ 91,640.) (Revenue \$	941. ₎
4e	Total program service expenses 2,589,675.	
32001	2 12-09-21	Form 990
52002	3	
81	110 755639 11093 2021.05000 CY-HOPE, INC.	11093
	•	

Form	990	(2021)

Form 990 (2021) CY-HOPE, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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			x
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
132003	3 12-09-21	Form	990	(2021)

22081110 755639 11093

4 2021.05000 CY-HOPE, INC.

Form	990	(2021)	1
	330	(2021)	l

 Form 990 (2021)
 CY-HOPE, INC.

 Part IV
 Checklist of Required Schedules (continued)

Fai	Checkist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00		x
04 -	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			37
	"Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Δ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	00		
01	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 22			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	
132004	12-09-21 5	⊢orm	3 90	(2021)

22081110 755639 11093 2021.05000 CY-HOPE, INC.

Form	990 (2021) CY-HOPE, INC.		**-***6	150	P	age 5
	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	79			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ms?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	s				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions c	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices p	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uired			
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e			
				8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		I			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		I			
	Gross income from members or shareholders	11a				
a	Gross income from other sources. (Do not net amounts due or paid to other sources against	446				
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	2	10-		
			ſ	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.			154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
b	organization is licensed to issue qualified health plans	13b				
~	Enter the amount of reserves on hand					
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
.5	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmer	it inco	me?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. 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?			17		
	If "Yes," complete Form 6069.					
13200	5 12-09-21 6			Form	990	(2021)

102000 12 00	21	
22081110	755639	1109

2021.05000 CY-HOPE, INC.

¹¹⁰⁹³__1

	990 (2021) CY-HOPE, INC.	**_***			ag
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 t	-	a "No"	respo	nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule				
	Check if Schedule O contains a response or note to any line in this Part VI				
bec	tion A. Governing Body and Management			Vee	
10	Enter the number of voting members of the governing body at the end of the tax year	1a 23	8	Yes	1
Id	If there are material differences in voting rights among members of the governing body at the end of the tax year		4		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.				
h		1b 2'	7		
2	Enter the number of voting members included on line 1a, above, who are independent		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		2	х	
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under th		~		┢
5	of officers, directors, trustees, or key employees to a management company or other person?	-	3		
4	Did the organization make any significant changes to its governing documents since the prior Form		4		
5	Did the organization make any significant changes to its governing documents since the prior roman Did the organization become aware during the year of a significant diversion of the organization's as		5		
6			6		+
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or a		0		ť
1 d			70		
h	more members of the governing body?		7a		+
U	Are any governance decisions of the organization reserved to (or subject to approval by) members, s		76		
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ye		7b		
			80	х	
	The governing body? Each committee with authority to act on behalf of the governing body?		8a 8b	X	┢
9 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea		00	- 23	┢
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		
Sec.	tion B. Policies (This Section B requests information about policies not required by the Internal R		9		
				Yes	Γ
0a	Did the organization have local chapters, branches, or affiliates?		10a	100	┢
	If "Yes," did the organization have written policies and procedures governing the activities of such c		104		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo		11a	Х	┢
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				t
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	Г
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	Х	┢
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "				┢
Ū	on Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?		13	Х	┢
14	Did the organization have a written document retention and destruction policy?				T
15	Did the process for determining compensation of the following persons include a review and approv				t
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		Г
	Other officers or key employees of the organization		15b	х	+
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		10.0		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
	taxable entity during the year?		16a		Е
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		104		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to organize the steps to safeguard the organized the organized by t				
	exempt status with respect to such arrangements?		16b		Г
iec	tion C. Disclosure		100		_
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, a	nd 990-T (section 501(c)(3)s only) avai	lah
	for public inspection. Indicate how you made these available. Check all that apply.		5/0 0111y	Juvu	ab
		on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c		nd finai	ncial	
	statements available to the public during the tax year.	ormot or interest policy, a	na ma	oidi	
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records			
	LYNDA ZELENKA - (713) 466-4673				
	12715 TELGE RD, CYPRESS, TX 77429				
3200	3 12-09-21		Form	990	(21
00	7		. 511		,
81	110 755639 11093 2021.05000 CY-HOPE, INC.		11(93	
-					

-*6150 Page 6

				<u>1, -</u>	-	,	(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue exclue
							Total levenue	function revenue		
·	1 a	Federated campaigns		1a						
	b	Membership dues								
	С	Fundraising events				153,749.				
	d	Related organizations		1d						
		Government grants (contr								
	f	All other contributions, gifts,								
		similar amounts not included	abov			891,111.				
	-	Noncash contributions included in				148,471.				
	h	Total. Add lines 1a-1f		<u></u>			1,044,860.			
	_					usiness Code	1 420 010	1 420 010		
*		COUNSELING CENTER				21300	1,432,910.			
	b	PROGRAM FEES			/	13990	941.	941.		
	C				_ -					
	d				- -				<u> </u>	
	e f	All other program service	revor	וופ	- -					
		Total. Add lines 2a-2f					1,433,851.			
:	<u> </u>	Investment income (includ					• • • • • • • • • •			
	-	other similar amounts)	-				3,623.			3,6
	4	Income from investment of								,
4	5	Royalties		-						
				(i) Real		ii) Personal				
6	6 a	Gross rents	6a	100,8	30.					
	b	Less: rental expenses	6b	223,8	32.					
	с	Rental income or (loss)	6c	-123,0	02.					
	d	Net rental income or (loss)			🕨	-123,002.		-123,002.	
7	7 a	Gross amount from sales of		(i) Securiti	ies	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
		and sales expenses	7b							
		Gain or (loss)	7c							
		Net gain or (loss)				····· 🕨				
8	8 a	Gross income from fundraisi		•						
		including \$								
		contributions reported on		-		108,304.				
	h	Part IV, line 18			8a 8b	130,782.				
		Net income or (loss) from					-22,478.			-22,4
		Gross income from gamin		-		🕨				,
`	o u	Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from				►				
1		Gross sales of inventory,	-	-						
		and allowances			10a	1,311,494.				
	b	Less: cost of goods sold			10b	351.				
		Net income or (loss) from			ry		1,311,143.			13111
						usiness Code				
1	1 a				$-\Box$					
	b									
	с				_ L					
	d	All other revenue			L					
	е	Total. Add lines 11a-11d								
12	2	Total revenue. See instruction	ons				3,647,997.	1,433,851.	-123,002.	12922

22081110 755639 11093

Form 990 (2021)

CY-HOPE, INC.

CY-HOPE, INC.

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 respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service	(C) Management and general expenses	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	91,640.	91,640.		
2	Grants and other assistance to domestic	- ,			
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,634,376.	1,469,595.	93,865.	70,916
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	105,771.	95,828.	9,394.	549
0	Payroll taxes	123,758.	111,144.	7,190.	5,424
1	Fees for services (nonemployees):				
а	Management				
	Legal	10 500		10 500	
	Accounting	18,500.		18,500.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	000 450	1 6 0 0 0 0	10 150	
	column (A), amount, list line 11g expenses on Sch 0.)	209,479.	169,870.	12,150.	27,459
12	Advertising and promotion	32,893.	29,789.	704.	27,459 2,400 1,743
13	Office expenses	170,795.	163,304.	5,748.	1,743
14	Information technology	36,786.	27,087.	7,709.	1,990
15	Royalties	240 050	242 067	2 0 2 5	1 056
16	Occupancy	348,058. 7,572.	343,967. 7,567.	3,035.	1,056
17		7,372.	7,007.	5.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	3,282.	2,125.	324.	833
19	Conferences, conventions, and meetings	7,693.	7,241.	226.	226
20	Interest	7,035.	/,241•	440.	220
21	Payments to affiliates	26,560.	25,786.	541.	233
22	Depreciation, depletion, and amortization	48,203.	44,509.	3,265.	429
23	Other expenses. Itemize expenses not covered	-0,203.	·	5,205.	
24	above. (List miscellaneous expenses not covered line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	493.	184.	262.	47
b	LICENSES	39.	39.		
c			_		
d					
e	All other expenses				
	Total functional expenses. Add lines 1 through 24e	2,865,898.	2,589,675.	162,918.	113,305
20	Joint costs. Complete this line only if the organization				
	contrologica. Complete this line only if the organization [
	reported in column (B) joint costs from a combined				
<u>25</u> 26	, , , , , , , , , , , , , , , , , , , ,				

and complete lines 27, 28, 32, and 33.

	rt X	Balance Sheet					OIDO Page II
		Check if Schedule O contains a response or not	e to any	line in this Part X			
			<u>y</u>		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,693,805.	1	1,807,017.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			3,018.	4	4,036.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disquali	fied pers	ons (as defined			
		under section 4958(f)(1)), and persons described		6			
ţs	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			102,154.	9	176,727.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,246,404. 228,895.			
	b	Less: accumulated depreciation		228,895.	924,195.	10c	1,017,509. 507,990.
	11	Investments - publicly traded securities			11	507,990.	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			2,723,172.	16	3,513,279.
	17	Accounts payable and accrued expenses			102,747.	17	143,492.
	18	Grants payable				18	
	19	Deferred revenue			10,183.	19	18,319.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV o	f Schedule D		21	
es	22	Loans and other payables to any current or form	ner office	er, director,			
Liabilities		trustee, key employee, creator or founder, subst					
iab		controlled entity or family member of any of thes	e perso	ns		22	
-	23	Secured mortgages and notes payable to unrela	ted third	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	arties	573,843.	24	536,891.
	25	Other liabilities (including federal income tax, pa	yables to	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			1.	25	0.
	26				686,774.	26	698,702.
õ		Organizations that follow FASB ASC 958, che	ck here				

1,939,121. 97,277. 2,673,227. 27 27 Net assets without donor restrictions 141,350. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 2,036,398. 2,814,577. Total net assets or fund balances 32 32 2,723,172. 3,513,279. 33 33 Total liabilities and net assets/fund balances

Form 990 (2021)

Net Assets or Fund Balances

CY-HOPE, INC.

	1 990 (2021) CY-HOPE, INC.	**_**	*6150	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
					. –
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,64		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,86		
3	Revenue less expenses. Subtract line 2 from line 1	3			99.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,030		
5	Net unrealized gains (losses) on investments	5	-:	<u>3,9</u>	20.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,814	1,5	77.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			_	000	

Form **990** (2021)

132012 12-09-21

١

Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection
 internation of the manuals of

Nam	e of t	the organization	OPE, INC.						r identification number
Pa	rt I	Reason for Public		(All organizations must o	omplete t	his nart) S	ee instruction		0150
					-			15.	
	organ	ization is not a private found							
1		A church, convention of ch				on 170(b)('	1)(A)(I).		
2		A school described in sect							
3		A hospital or a cooperative					-		
4		A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
_		city, and state:							
5		An organization operated for		ollege or university owne	d or opera	ted by a g	overnmental	unit descrit	bed in
_		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local go							
7	X	An organization that norma		initial part of its support	from a gov	ernmental	unit or from t	he general	I public described in
-		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org	-			-		-	-
		or university or a non-land-	grant college of agric	culture (see instructions)	. Enter the	name, cit	y, and state o	t the collec	je or
		university:							
10		An organization that norma							
		activities related to its exen							
		income and unrelated busin		(less section 511 tax) fr	om busine	esses acqu	lired by the o	rganization	aπer June 30, 1975.
		See section 509(a)(2). (Con		i velu te test feu sublis s	fati Caa		O(-)(A)		
11 12		An organization organized a	-	•	•			own (out the	a nurnanan of ana ar
12		more publicly supported or	•				-		• •
		lines 12a through 12d that	-						
а		Type I. A supporting orga	• •			-		-	v aivina
u	·	the supported organization		-	•				
		organization. You must o			amajonty				supporting
b		Type II. A supporting org	-		tion with i	ts sunnort	ed organizatio	on(s) by ha	avina
-	-	control or management c	-				•		-
		organization(s). You mus							
с		Type III functionally inte	-		in connec	tion with.	and functiona	llv integrat	ed with.
		its supported organizatio						, ,	,
d		Type III non-functionally	y integrated. A supp	orting organization oper	rated in co	nnection v	with its suppo	rted organ	ization(s)
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	tiveness
		requirement (see instruct	tions). You must con	nplete Part IV, Section	s A and D	, and Part	V .		
е		Check this box if the orga	anization received a	written determination fro	om the IRS	S that it is a	а Туре I, Туре	II, Type III	
		functionally integrated, o	r Type III non-functio	nally integrated support	ing organi	zation.			
f	Ente	er the number of supported of	organizations						
g		vide the following information			() I = 4 = = = = =				
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your govern	anization listed ing document?	(v) Amount or	,	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Tota	1								

Schedule A	(Earm	000	2021
Schedule A		990)	2021

CY-HOPE, INC.

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.)

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1005952.739,023.714,214.1417070.1044860.492 2 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf 1005952.739,023.714,214.1417070.1044860.492 3 The value of services or facilities furnished by a governmental unit to the organization without charge 1005952.739,023.714,214.1417070.1044860.492	<u>1119.</u>
membership fees received. (Do not include any "unusual grants.")1005952.739,023.714,214.1417070.1044860.4922Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf1005952.739,023.714,214.1417070.1044860.4923The value of services or facilities furnished by a governmental unit to the organization without charge1005952.739,023.714,214.1417070.1044860.4924Total. Add lines 1 through 31005952.739,023.714,214.1417070.1044860.4925The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the1005952.739,023.714,214.1417070.1044860.492	
 include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the 1005952. 739,023. 714,214. 1417070. 1044860. 492 	
 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the 	
 ization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the 	<u>1119.</u>
or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the	1119.
3 The value of services or facilities furnished by a governmental unit to the organization without charge 1005952.739,023.714,214.1417070.1044860.492 4 Total. Add lines 1 through 3 1005952.739,023.714,214.1417070.1044860.492 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 1005952.739,023.714,214.1417070.1044860.492	1119.
furnished by a governmental unit to the organization without charge Image: Constraint of the organization without charge 4 Total. Add lines 1 through 3 Image: Constraint of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the Image: Constraint of total contributions total contributions	<u>1119.</u>
the organization without charge 1005952.739,023.714,214.1417070.1044860.492 Total. Add lines 1 through 3 1005952.739,023.714,214.1417070.1044860.492 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 Image: Control of the second s	<u>1119.</u>
4 Total. Add lines 1 through 3 1005952.739,023.714,214.1417070.1044860.492 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 1005952.739,023.714,214.1417070.1044860.492	1119.
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	<u>1119.</u>
by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the	
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the	
supported organization) included on line 1 that exceeds 2% of the	
on line 1 that exceeds 2% of the	
amount shown on line 11,	
column (f)	
	1119.
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 1005952. 739,023. 714,214. 1417070. 1044860. 492	1119.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	
and income from similar sources 1,768. 667. 3,623. 6	,058.
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.)	
	7658.
	,339.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here	
Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 89.	69
	0.0
	00 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	► X
stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	
and stop here . The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2021. 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 mote the facts and eize material back this have and the here. Explain in Bert VI how the organization	,
and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization	
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	
Schedule A (Form 9	

132022 01-04-22

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

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

Sec	ction A. Public Support						
Cale	ndar 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	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	(,	(,		(0, 2020		(1) 1010
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
~	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third	, fourth, or fifth tax	year as a section	501(c)(3) organ	zation,
	check this box and stop here	<u></u>					
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2021 (ine 8, column (f), (divided by line 13,	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	: III, line 15			16	%
Sec	ction D. Computation of Invest	stment Incom	e Percentage)			
17	Investment income percentage for 20	21 (line 10c, colui	mn (f), divided by	line 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	ie 15 is more than	33 1/3%, and li	ne 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qua	lifies as a publicly	supported organiz	zation	
b	33 1/3% support tests - 2020. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is n	hore than 33 1/3	%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies	as a publicly supp	oorted organizati	on ►
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	this box and see i	nstructions	
13202	23 01-04-22			17		Schedu	le A (Form 990) 2021

^{2021.05000} CY-HOPE, INC.

CI HOLD, INC	CY	-HOPE,	INC
--------------	----	--------	-----

1

2

3a

Yes No

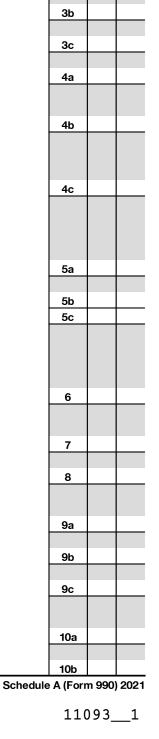
Part IV Supporting Organizations

(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

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

132024 01-04-21



Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			

	0	0	0			,	•		
2	Were any	of the org	anization's	s officers, directors, or	r trustees either (i	i) appointed (or elected	by the s	upported
	organizati	on(s) or (ii)	serving o	n the governing body	of a supported o	rganization?	If "No," e	xplain in	Part VI how
	the organi	ization ma	intained a	close and continuous	working relations	ship with the	supported	l organiz	ation(s).

organization's governing documents in effect on the date of notification, to the extent not previously provided?

3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a					
	significant voice in the organization's investment policies and in directing the use of the organization's					
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's					
	supported organizations played in this regard.					

Section E. Type III Functionally Integrated Supporting Organizations

- 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 g	governmental entity	(see instructions).
-----	------------------------------	---------------------	---------------------------	-------------------	---------------------	---------------------

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

132025 01-04-22

22081110 755639 11093

19 2021.05000 CY-HOPE, INC.

3b | | Schedule A (Form 990) 2021

1

2

3

2a

2b

За

No

Yes

CY-HOPE, INC.

rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar		Page
			Part VI). See instructions
	0		
		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
	4		
	5		
· · ·			
	6		
	7		
	8		
	•	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ion C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
	Type III Non-Functionally Integrated 509(a)(3) Supporti Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mution A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ion B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly cash balances Fair market value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	Type III Non-Functionally Integrated 509(a)(3) Supporting Orgar Check here if the organization satisfied the Integral Part Test as a qualifying trust on AII other Type III non-functionally integrated supporting organizations must complete ion A - Adjusted Net Income 1 Net short-term capital gain 1 Recoveries of priory-part distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 ion B - Minimum Asset Amount 3 Adverage monthly value of securities 1a Average monthly value of securities 1a 4 Average monthly value of other non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Average monthly value of securities 1a 4 Average monthly value of securities 1a 2 Gata (add lines 1a, 1b, and 1c) 1d 1d Discount claimed for blockage or other factors	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Intal other Type III non-functionally integrated supporting organizations must complete Sections A through E. ion A - Adjusted Net Income (A) Prior Year Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 4 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 instructions for short tax year or assets held for part of year): 4 Average monthly cash balances 1b Fair market value of other non-exempt-use assets (see instructions) 1d Discourt claimed for blockage or other factors 2 (explain in delail in Part V): 1d Average monthly cash balances 1b Fair market value of other on-exempt-use assets 2

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

Schedule A (Form 990) 2021

132026 01-04-22

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity		2			
_3	Administrative expenses paid to accomplish exempt purpose	าร	3			
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021	
_1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years					
-	Applied to 2021 distributable amount					
-	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, <i>explain in</i> Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
b	Excess from 2018					
c	Excess from 2019					
	Excess from 2020					
e	Excess from 2021					

Schedule A (Form 990) 2021

Sec (Se	ction D, lines 5, 6, and 8; a e instructions.)	ind Part V, Section E, line	es 2, 5, and 6. Also comple	te this part for any ac	iditional information.	
32028 01-04-22					Schedule A (For	m 990)
	5639 11093		22 5000 СҮ-НОРЕ,			093_

Department of the Treasury Internal Revenue Service

(Form	990)
-------	------

.

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



...

Nam	e of the organization CY-HOPE, INC.			** - *** 6150
Pa		ed Funds or Oth	er Similar Fund	
	organization answered "Yes" on Form 990, Part IV, lir			
		(a) Donor ad	vised funds	(b) Funds and other accounts
1	Total number at end of year			
-	Aggregate value of contributions to (during year)			
2				
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	-		
-	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
Pa	t II Conservation Easements. Complete if the org			
		•		, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	· ·	· · · · · · · · · · · · · · · · · · ·	a film ha ha a bha ann an tha a tha an tha an tha ann a
	Preservation of land for public use (for example, recrea	ation or education)		of a historically important land area
	Protection of natural habitat		Preservation	of a certified historic structure
•	Preservation of open space	<i></i>		
2	Complete lines 2a through 2d if the organization held a quali day of the tax year.	fied conservation cor	itribution in the fori	Held at the End of the Tax Year
a	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified historic str			
a	Number of conservation easements included in (c) acquired	•		
2	listed in the National Register			
3	Number of conservation easements modified, transferred, re	eleased, extinguished	, or terminated by t	ne organization during the tax
4	year	compation logated		
4 5	Number of states where property subject to conservation ea			- .f
5	Does the organization have a written policy regarding the pe violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting,			
U		, narioling of violation	s, and emorcing co	inservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and	d onforcing consor	vation operates during the year
'	Amount of expenses incurred in monitoring, inspecting, name	uning of violations, and		vation easements during the year
8	Does each conservation easement reported on line $2(d)$ above	ve satisfy the require	ments of section 1 ⁻	70(b)(4)(B)(i)
0	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
5	balance sheet, and include, if applicable, the text of the foot			
	organization's accounting for conservation easements.	note to the organizati		
Pa	t III Organizations Maintaining Collections of	of Art. Historical	Treasures. or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		···· · ·· · ··· · ·· · ··· · ··········	
1a	If the organization elected, as permitted under FASB ASC 98		revenue statemen	t and balance sheet works
	of art, historical treasures, or other similar assets held for pu	•		
	service, provide in Part XIII the text of the footnote to its fina			-
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public			
	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 tre			
_	the following amounts required to be reported under FASB A			v , p
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2021

132051 10-28-21

28 2021.05000 CY-HOPE, INC.

	dule D (Form 990) 2021 CY-HOPE					**_**			e 2
Pa	t III Organizations Maintaining C	ollections of A	rt, Historical	Treasures, o	or Other	Similar Asse	e ts (contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check any of t	the following tha	it make sig	nificant use of its	6		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or e	exchange progra	am				
b	Scholarly research	e	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	n how they furthe	er the organizati	on's exem	pt purpose in Pa	t XIII.		
5	During the year, did the organization solicit of						_		
	to be sold to raise funds rather than to be ma						Yes		No
Pa	t IV Escrow and Custodial Arran		ete if the organiza	ation answered '	"Yes" on F	orm 990, Part IV,	line 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi						-		
	on Form 990, Part X?					L	_ Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing table:						
							Amoun	t	
	Beginning balance					1c			
	Additions during the year								
	Distributions during the year					1e			
t	Ending balance								
	Did the organization include an amount on Fo				-		Yes		No
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete if						<u></u>		
Fai		(a) Current year	(b) Prior year) Three years back	(a) Four	years ba	ick
4.	Designing of your holes of	(a) Ourient year	(b) Thoryear					yours be	
	Beginning of year balance	509,797.							
	Contributions	-1,807.							
	Net investment earnings, gains, and losses	1,007.							
	Grants or scholarships								
е	Other expenditures for facilities								
f	and programs								
	Administrative expenses End of year balance	507,990.							
g 2	Provide the estimated percentage of the curr	,	e (line 1 a. colum	n (a)) held as:					
	Board designated or quasi-endowment	100	%	n (a)) neiù as.					
	Permanent endowment	%							
		/0							
Ŭ	The percentages on lines 2a, 2b, and 2c sho	-							
3a	Are there endowment funds not in the posse		ation that are hel	d and administe	red for the	organization			
	by:					organization	[Yes I	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations								Х
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the								
Pa	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11	a. See Form 990), Part X, lir	ne 10.			
	Description of property	(a) Cost or o basis (investn		ost or other sis (other)	• •	umulated eciation	(d) Boo	k value	
19	Land		, 50	81,500.			8	1,50	0.
	Buildings			988,570.	11	12,834.		5,73	
	Leasehold improvements			59,303.		L7,306.		1,99	
	Equipment			81,585.		54,593.		6,99	
	Other			35,446.		34,162.		1,28	
	Add lines 1a through 1e. (Column (d) must ed		X. column (B) lir				1,01	-	
		,	,	/		····· F	-		

Schedule D (Form 990) 2021

132052 10-28-21

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			- f
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(E)			
 (F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		
Complete if the organization answered "Yes"	on Form 000 Dort IV/ line	110 or 11f Coo Form 000 Port V line 25	
(a) Description of lightlike	on Form 990, Part IV, Inte	e Tre or TTI. See Form 990, Part A, line 23.	(b) Book value
			(b) DOOK value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8) (9)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		
10 cal. (00 uniting 0) must equal F0111 990, Fall \wedge , COI. (B) lift	<u>-</u> 20./		

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 CY-HOPE, INC.			**_	***6150 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	atements With	Revenue per R	eturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,999,042.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-3,920.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	354,965.		
е	Add lines 2a through 2d			2e	351,045.
3	Subtract line 2e from line 1			3	3,647,997.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			5	3,647,997.
Pa	rt XII Reconciliation of Expenses per Audited Financial St		h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				
1	Total expenses and losses per audited financial statements			1	3,220,863.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	354,965.		
е	Add lines 2a through 2d			2e	354,965.
3					
0	Subtract line 2e from line 1			3	2,865,898.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	2,865,898.
-				3	2,865,898.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a		3	2,865,898.
4 a	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		3 4c	0.
4 a b c 5	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b			

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

PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA						
PROVIDE ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN						
ENTITY IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. CY-HOPE, INC. BELIEVES						
THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH,						
DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE						
FINANCIAL STATEMENTS. PENALTIES AND INTEREST ASSESSED BY INCOME TAXING						
AUTHORITIES, IF ANY, WOULD BE INCLUDED IN INTEREST EXPENSE.						

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES

FUNDRAISING EXPENSES

132054 10-28-21

Schedule D (Form 990) 2021

223,832.

130,782.

CY-HOPE TNC

Schedule D (Form 990) 2021 CY-HOPE, INC. Part XIII Supplemental Information (continued)	**-***6150 Page 5
COST OF GOODS SOLD	351.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	354,965.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	223,832.
FUNDRAISING EXPENSES	130,782.
COST OF GOODS SOLD	351.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	354,965.
132055 10-28-21 32	Schedule D (Form 990) 2021

SCHEDULE G	Suppleme	ntal Informati	on Regarding	Fun	drais	ing or Gaming	Activ	vities o	0MB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury		•	ach to Form 990			-			Open to Public
Internal Revenue Service		to www.irs.gov/F	orm990 for instr	uction	s and	the latest informat	ion.		Inspection
Name of the organizatio	n CY-HOPE	, INC.						**-**6	ntification number 150
	sing Activities complete this par	-	rganization answe	ered "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990-E2	Z filers are not
 Indicate whether th Mail solicitation Mail solicitation Internet and Internet and Phone solicitation In-person solicitation In-person solicitation Internet and the organization Internet and the or	ne organization rais tions I email solicitations itations Dlicitations on have a written o ted in Form 990, P	sed funds through s or oral agreement v art VII) or entity in viduals or entities (e Solicita f Solicita g Special with any individual connection with p	tion of tion of fundra (inclue	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	Yes	
(i) Name and addres or entity (fun		(ii) Ac	tivity	(iii) fundr have ci or con contribu	trol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
Total									
3 List all states in whor licensing.	ich the organizatio	n is registered or li	censed to solicit	contrib	outions	s or has been notified	d it is	exempt from re	egistration
LHA For Paperwork R	eduction Act Not	ce. see the Instru	ctions for Form	990 or	990-1	EZ.		Schedule	e G (Form 990) 2021

132081 10-21-21

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

 Gross receipts Less: Contributions Gross income (line 1 minus line 2) 	CLAY SHOOT (event type) 23,750. 9,951.	CELEBRITY GOLF TOURNAM (event type) 146,748.	3 (total number)	(d) Total events (add col. (a) through col. (c))
 1 Gross receipts 2 Less: Contributions 	(event type) 23 , 750 .	(event type)	(total number)	col. (c))
2 Less: Contributions		146,748.		t
	9,951.	1	91,555.	262,053.
3 Gross income (line 1 minus line 2)		89,594.	54,204.	153,749.
	13,799.	57,154.	37,351.	108,304.
4 Cash prizes				
5 Noncash prizes	992.	41,430.	23,830.	66,252.
6 Rent/facility costs	12,955.	17,663.	9,901.	40,519.
7 Food and beverages	450.	948.	6,255.	7,653.
		6 840.	8 251.	16,358.
			,	130,782
	2 1 (1)		•	-22,478
	answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
\$15,000 on Form 990-EZ, line 6a.		() Dull take (instant		
	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses	T		[]	
6 Volunteer labor	└── Yes % └── No	└── Yes % │── No	└── Yes % └── No	
7 Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
8 Net gaming income summary. Subtract line 7	from line 1, column (d)			
Enter the state(s) in which the organization condu Is the organization licensed to conduct gaming ac	icts gaming activities:			Yes No
			year?	YesNo
	 B. Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Complete if the organization a \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Noncash prizes Rent/facility costs Other direct expenses Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 Enter the state(s) in which the organization conduct state organization licensed to conduct gaming action licensed to conduct g	3 Entertainment 4 Other direct expenses 5 Other direct expenses 6 (a) Bingo 1 Gross revenue 7 Cash prizes 7 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 7 Direct expense summary. Add lines 2 through 5 in column (d) 7 Direct expense summary. Add lines 2 through 5 in column (d) 7 Direct expense summary. Subtract line 7 from line 1, column (d) 9 Other direct expenses 9 Other	B Entertainment Other direct expenses Other direct expenses Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) Net income summary. Subtract line 10 from line 3, column (d) Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net many. Subtract line 7 from line 1, column (d) Net many of the organization's gaming licenses revoked, suspended, or terminated during the tax Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax	3 Entertainment

132082 10-21-21

Schedule G (Form 990) 2021

Sch	iedule G (Form 990) 2021	CY-HOPE,	INC.		**-***6150 F	Page 3
11	Does the organization conduct g	aming activities with			Yes	No
	Is the organization a grantor, ber	neficiary or trustee o	f a trust, or a men	ber of a partnership or other entity formed		No
13	Indicate the percentage of gamir					
á	The organization's facility				13a	%
						%
14	Enter the name and address of the	ne person who prep	ares the organizat	tion's gaming/special events books and rea	cords:	
	Name 🕨					
	Address 🕨					
15a	a Does the organization have a cor	ntract with a third pa	rty from whom th	e organization receives gaming revenue?	Yes	_ No
k	If "Yes," enter the amount of gan of gaming revenue retained by th			and the ar	mount	
¢	If "Yes," enter name and address			_		
	Name ►					
	Address ►					
16	Gaming manager information:					
	Name 🕨					
	Gaming manager compensation					
	Description of services provided	▶				
	Director/officer	Employee		lependent contractor		
17	Mandatory distributions:					
a		er state law to make	charitable distribu	itions from the gaming proceeds to		٦
	retain the state gaming license?					No
k	Enter the amount of distributions organization's own exempt activi	•		outed to other exempt organizations or spe	int in the	
Pa	rt IV Supplemental Info	rmation. Provide 1	he explanations r	equired by Part I, line 2b, columns (iii) and	(v); and Part III, lines 9, 9b	, 10b,
	15b, 15c, 16, and 17b, a	s applicable. Also pr	ovide any additio	nal information. See instructions.		
					0.1	
1320	83 10-21-21			35	Schedule G (Form 990	J) 2021

Schedule G	à (Form 990)	CY-HOPE,	INC.
Part IV	Supplementa	I Information (continue	əd)

	Schedule G (Form 990)
132084 11-18-21	

SCHEDULE I (Form 990)			arants and Oth vernments, ar						MB No. 1545-0047
			lete if the organizatio						2021
Department of the Treasury Internal Revenue Service			-	Attach to For s.gov/Form990 fo	m 990.			o	pen to Public Inspection
Name of the organization	CY-HOPE,	INC.							tification number -***6150
Part I General Infe	ormation on Grants a	nd Assistance							
criteria used to aw	ard the grants or assi	stance?	e amount of the grants				sistance, and the selec		Yes X No
Part II Grants and	Other Assistance to	Domestic Organi		i c Governments. C	omplete if the org	anization answered "`	Yes" on Form 990, Par	t IV, line 21, for a	ny
1 (a) Name and add or gove	•	(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		ose of grant sistance
CYPRESS FAIRBANKS SCHOOL DISTRICT - - HOUSTON, TX 7726	P.O. BOX 692003	**-***0654	GOVERNMENT	91,079.	0.			EDUCATION	
2 Enter total number	r of section 501(c)(3) a	Ind government or	rganizations listed in th	ne line 1 table			·····	>	1.
3 Enter total number	r of other organization							Sobodulo I	(Form 990) 2021
	requestion Act Motice	, see me mstruci	10113 101 FULLI 390.					Scheudle I	(FUIII 990) 2021

Part III

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

Name of the organization

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 for instructions and the latest information.

2021 Open to Public Inspection

Employer	identification number
*	*-***6150

CY-HOPE, INC.

Par	rt I Types of Property		-				
		(a)	(b)	(c)	(d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu	•	nte
		applicable		Form 990, Part VIII, line 1g	Honcash contribu	tion amoun	13
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	Х	1	9,797.	FAIR MARKET	VALUE	2
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	Х	16,850	84,250.	FAIR MARKET	VALUE	3
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (DONATED MISC.)	Х	51	54,424.	FAIR MARKET	VALUE	3
26	Other ► ()						
27	Other 🕨 (
28	Other 🕨 (
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for c	ontributions			
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29			
						Yes	No
30a	During the year, did the organization receive by	contributio	on any property rep	ported in Part I, lines 1 throug	gh 28, that it		
	must hold for at least three years from the date	of the initia	al contribution, and	I which isn't required to be u	sed for		
	exempt purposes for the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contribu	itions?	31	X
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash			
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,		

describe in Part II.

22081110 755639 11093

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

Schedule M (Form 990) 2021

132141 11-17-21

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.

132142 11-17-21	Sc	hedule M (Form 990) 2021
	40	

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 for the latest information.

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

-*6150

CY-HOPE, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO PROVIDE OPPORTUNITIES FOR AT-RISK CHILDREN TO SUCCEED IN LIFE AND

TO SUPPORT AND ENCOURAGE STUDENTS, TEACHERS AND SCHOOL ADMINISTRATORS

TO HELP EVERY SCHOOL ACHIEVE EXEMPLARY STATUS.

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

HOPE CENTERS - CY-HOPE, INC. CURRENTLY OPERATES 4 HOPE CENTERS LOCATED

IN LONGHORN, WINDFERN, WILLOW GREEN, AND WALLER, IN ADDITION TO A

MOBILE HOPE CENTER (MOBILE STEM BUS). THE CENTERS

PROVIDE HOMEWORK HELP, LIFE SKILLS CLASSES, ART/CRAFTS, STORYTELLING,

TUTORING AND DAY CAMPS TO APPROXIMATELY 100 CHILDREN. ALSO OFFERED ARE

ADULT BIBLE STUDIES, CITIZENSHIP CLASSES, AND ESL CLASSES TO

APPROXIMATELY 25 ADULTS.

DIERKER'S CHAMPS - A PROGRAM FOR CHILDREN TO RECEIVE BASEBALL

INSTRUCTION UTILIZING TRANSFORMATIONAL COACHING WITHIN CY-FAIR SPORTS

ASSOCIATION. 150 KIDS PLAYED AT ALL LEVELS.

IN SCHOOL SUPPORT - CY-HOPE, INC. IS COMMITTED TO PARTNERING WITH

SCHOOLS AND OFFERING MINISTRY OF SUSTENANCE, MENTORING, TUTORING,

VOLUNTEERS AND EMPOWERMENT FOR LONG-TERM SELF-SUFFICIENCY.

POP SCHOLARSHIP (PROVIDING OPPORTUNITIES PROGRAM) - THROUGH OUR

PROVIDING OPPORTUNITIES PROGRAM (POP), CY-HOPE HELPS COVER FEES FOR

UNDERSERVED STUDENTS TAKING COLLEGE CREDIT COURSES IN MIDDLE AND HIGH

SCHOOL OR PURSUING VOCATIONAL CERTIFICATIONS THROUGH CAREER AND

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 11-11-21

41 2021.05000 CY-HOPE, INC.

Schedule O (Form 990) 202

Name of the organization

CY-HOPE, INC.

Page 2 Employer identification number **-**6150

TECHNOLOGY EDUCATION (CTE) CLASSES.

DEVINE VIRTUOSOS PROGRAM - CY-HOPE, INC. ESTABLISHED AN ONGOING

COLLABORATIVE WORKING RELATIONSHIP WITH CFISD CURRICULUM LEADERS TO

SUPPORT STUDENTS IN THE AREA OF FINE ARTS BY IDENTIFYING TEACHERS'

CLASSROOM NEEDS, ESPECIALLY AT CAMPUSES WITH HIGHER RATES OF LOW INCOME

STUDENTS.

CAMP LEMONADE - THROUGH CAMP LEMONADE, CY-HOPE PROVIDES AN ENRICHING

SUMMER CAMP EXPERIENCE FOR UNDERSERVED YOUTH. IT'S A CHRISTIAN BASED 5

DAY, 4 NIGHT CAMP AT STONE CREEK RANCH IN NEW ELM, TX.

EXPENSES \$ 259,794. INCLUDING GRANTS OF \$ 91,640. REVENUE \$ 941.

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

RELATED DIRECTORS ARE AS FOLLOWS: VICE PRESIDENT DR. GODFREY HUBERT AND

EXECUTIVE DIRECTOR LYNDA ZELENKA ARE EMPLOYEED BY FOUNDRY UNITED METHODIST CHURCH.

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

AN ELECTRONIC COPY OF THE FORM 990 IS SENT TO EACH BOARD MEMBER PRIOR TO

FILING WITH THE IRS.

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

THE CONFLICT OF INTEREST POLICY SHALL BE REVIEWED ANNUALLY BY EACH MEMBER

OF THE BOARD OF DIRECTORS. ANY CHANGES TO THE POLICY SHALL BE COMMUNICATED

IMMEDIATELY TO ALL RESPONSIBLE PERSONS.

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

132212 11-11-21

22081110 755639 11093

Name of the organization

Employer identification number **-**6150

THE BOARD OF DIRECTORS ANNUALLY REVIEWS OFFICER SALARIES AND USES

COMPARITIVE DATA TO SET THE SALARIES. THE EXECUTIVE DIRECTOR IS EXCUSED

FROM THE PROCESS.

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

CY-HOPE, INC.

THE GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST

POLICY ARE AVAILABLE FOR INSPECTION AT THE ORGANIZATION'S OFFICE UPON REQUEST.

FORM 990, PART VII, SECTION A

FOUNDRY CHURCH PAYS THE SALARY OF THE EXECUTIVE DIRECTOR OF CY-HOPE IN

ORDER FOR THE CURRENT EXECUTIVE DIRECTOR TO CONTINUE TO RECEIVE

BENEFITS AS A UNITED METHODIST LICENSED PASTOR. CY-HOPE COMMITTED TO

PAY FOUNDRY CHURCH A PORTION OF THE EXECUTIVE DIRECTOR'S SALARY

BEGINNING IN 2018, WITH THE GOAL OF PAYING THE FULL SALARY TO FOUNDRY

CHURCH BEGINNING JANUARY 2021. IN 2021, CY-HOPE PAID FOUNDRY CHURCH

\$98,800 FOR 100% OF THE EXECUTIVE DIRECTOR'S SALARY. THE EXECUTIVE

DIRECTOR'S SALARY IS DISCLOSED ON PAGE 7, PART VII, SECTION A.

FORM 990, PART XII, LINE 2C

PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

132212 11-11-21

22081110 755639 11093

Schedule O (Form 990) 2021

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2022

Name CY-HOPE, INC.	Employer Identifica	tion Number 1 5 0
Based on the information provided with this return, the following are possible carryover amounts to next year.		
FEDERAL POST-2017 NET OPERATING LOSS - FACILITIES REL	ITAL	390,670.

119341 04-01-21

Name	CY-HOPE INC.									FEIN:	**-***6150
Туре	and Entity: FAC	ILITIES RENTA	L POST-2017 NC	DL FED	DETAIL C	ARRYOVER SCH	IEDULE				
Year Origi- nated	382 Annual Limitation Original Carryover Amount	Total Amount Used	Section 382 Carryover Amount Used for	Amount Used for							
201 201 202 202	95,880. 97,483.										
1											
2											
/		A	A in a suit	American	A	American	A	American	A	Americant	American
Detail Type	E Amount S Used for B	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
,											
,											
1											
2											
V						43.2					

112571 04-01-21

Form	990-T	E	Exempt Organization Business Income Tax Retur	n ∟	OMB No. 1545-0047
			(and proxy tax under section 6033(e))		2021
		For cal	endar year 2021 or other tax year beginning, and ending	·	2021
	ment of the Treasury I Revenue Service		► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)). E	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmplo	yer identification number
B E>	empt under section	Print	CY-HOPE, INC.	*	*-**6150
] 501(c)(3)] 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 12715 TELGE RD		exemption number structions)
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code CYPRESS, TX 77429	F	Check box if
			ok value of all assets at end of year • 1,017,509.		an amended return.
G	Check organization	type 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust		
<u>H</u> (Check if filing only to	o 🕨 💧	Claim credit from Form 8941 Claim a refund shown on Form 2439		
I (Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		▶∟
JE	Enter the number of	attach	ed Schedules A (Form 990-T)		1
K	During the tax year,	was the	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
			d identifying number of the parent corporation.		
L 1	The books are in ca	re of 🕨	LYNDA ZELENKA Telephone number	(713) 466-4673
Pa	rt I Total Unr	relate	d Business Taxable Income		
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	0.
2	Reserved			2	
3	Add lines 1 and 2			3	
4	Charitable contrib		(see instructions for limitation rules)	4	0.
5	Total unrelated bu	isiness	taxable income before net operating losses. Subtract line 4 from line 3	5	
6			ng loss. See instructions	6	0.
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 fro	m line 5	5	7	
8	Specific deduction	n (gene	rally \$1,000, but see instructions for exceptions)		1,000.
9			duction. See instructions	9	
10	Total deductions			10	1,000.
11			able income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
	enter zero		~ ·	11	0.
Pa	rt II Tax Com				
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2			ates. See instructions for tax computation. Income tax on the amount on		
-	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See ins			3	
4	Other tax amounts			4	
5	Alternative minimu			5	
6			cility income. See instructions	6	
7	•		h 6 to line 1 or 2, whichever applies	7	0.
LHA			ion Act Notice, see instructions.	· · ·	Form 990-T (2021)

Form **990-1** (2021)

123701 07-06-22

Part III] Tax and Payments 1a Foreign tax cordit (corporations attach Form 1118; trusts attach Form 1116) 1a 1b Other credits (see instructions) 1a 1c Credit for prior year minimum tax (attach Form 8801 or 8827) 1d 1c 1d 1e 2 Other credits (see instructions) 1d 1c 1d 1e 2 Subtract IIIs 1e form 7825 Form 8057 3 Other amounts due. Check if form (Form 8255 ar Form 8651. Form 8057 3 Other amounts due. Check if form 955. Ar Form 955. B, Part II, column (I), line 4 5 4 Total tax. Add lines 2 and 3 (see instructions) Check if includes tax previously deferred under section 1294. Enter tax amount here 6 5 Current net 956 tax lability paid from 7056 Ar Form 955. B, Part II, column (I), line 4 5 0 6 Cale 6 6 6 6 7 Total payments. Ac20 overpayment. Check if section 643(g) election applies 6 6 6 6 Credit for small employer heath insurance premiums (attach Form 2220 is attached 8 8 7 7 Total payments. Add lines 6a throu		90 T (2021)						<u> </u>	2 age
b Other credits (see instructions) ib ic c General business credit. Attach Form 3800 (see instructions) id id c Credit for prive year minimum tax (tattach Form 880 r 8827) id id e Total credits. Add lines 1 through 1d id id id e Subtract line 1 form 7art line 7 is anounts due. Check if from Form 4255 Form 8611 Form 8697 Form 8806 id 3 Other amounts due. Check if from Form 4255 Form 8611 Form 8697 Form 8806 id 4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here id id id 5 Current net 965 tax labitity paid from 7695. Ar Form 965. B, Part II, colum (k), line 4 id id id id 6 C C id id id id id id 7 Total tax pendity withholding (see instructions) Ge id id id id id id 9 Outre credits, adjustments, and payments: Form 8491 id id id i	Part	III Tax and Payments	_						
c General business credit. Attach Form 3800 (see instructions) Id Id d Total credits. Add lines 1a through 1d Ie Ie 2 Subtract line 1e from Part II, line 7 Im Im Im 3 Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Im 4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here Im Im <td>1a</td> <td>Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)</td> <td>1a</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a						
d Credit or prior year minimum tax (attach Form 8801 or 8827) 1d 1e e Total credits. Add lines 1 a through 1d 2 0. 3 Other amounts due. Check if form Form 4255 Form 8697 Form 8697 Form 8866 4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here 0. 5 0. 5 Current tere 1696 tax kalbility paid form Form 965.A or Form 965.B, Part II, column (k), line 4 5 0. 6a Backup withholding (see instructions). 6a 6a 0. 5 Current tere 1696 tax kalbility paid form 985.A or Form 965.B, Part II, column (k), line 4 5 0. 6a Core on tere 1696 tax kalbility paid form 7607 965.B, Part II, column (k), line 4 5 0. 6a Core on tere 1696 tax kalbing painters. Form 9430 6e 0. 7 Total payments. Add lines 6 a through 6g 6e 7 8 9 Other credits, add lines 6 a through 6g 7 8 8 9 9 Total payments. Add lines 6 a through 6g 7 8 8 9 10 10	b	Other credits (see instructions)	1b						
e Total credits. Add lines 1a through 1d Form 4255	с	General business credit. Attach Form 3800 (see instructions)	1c						
2 Subtract line 16 from Part II, line 7 2 0. 3 Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 3 4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here 4 0. 5 Current net 965 tax liability paid from Form 965 A or Form 985 B, Part II, column (b), line 4 5 0. 6 Payments: A 2020 overpayment credited to 2021 6a 6b 5 0. 6 Payments: A 2020 overpayments: Check if section 643(g) election applies 6c 6c 6c 7 Tax deposited with Form 8868 6c 6c 6c 6c 7 8 Backup withholding (see instructions) 6d 6d 7 7 9 Other credits, adjustments, and payments: Form 2220 is attached 8 7 8 10 Overpayment. Hine 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 11 11 Enter the amount of line 10 you want: Credited to 2022 estimated tax) Refunded > 11 11 12 Exter the amount of lines 4, 5, and 8	d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d						
2 Subtract line 16 from Part II, line 7 2 0. 3 Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 3 4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here 4 0. 5 Current net 965 tax liability paid from Form 965 A or Form 985 B, Part II, column (b), line 4 5 0. 6 Payments: A 2020 overpayment credited to 2021 6a 6b 5 0. 6 Payments: A 2020 overpayments: Check if section 643(g) election applies 6c 6c 6c 7 Tax deposited with Form 8868 6c 6c 6c 6c 7 8 Backup withholding (see instructions) 6d 6d 7 7 9 Other credits, adjustments, and payments: Form 2220 is attached 8 7 8 10 Overpayment. Hine 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 11 11 Enter the amount of line 10 you want: Credited to 2022 estimated tax) Refunded > 11 11 12 Exter the amount of lines 4, 5, and 8	е	Total credits. Add lines 1a through 1d				1e			
Gher (attach statement) 3 4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here 4 0. 5 Current net 965 tax liability paid from Form 965.A or Form 965.B, Part II, colurm (k), line 4 5 0. 6a Payments: A 2020 overpayment credited to 2021 6a 6a 6a 6a 9 2021 estimated tax payments. Check if section 643(g) election applies 6a 6a 6a 6 Credit for small employer health insurance premiums (attach Form 8941) 6a 6a 6a 9 Other credits, adjustments, and payments: Form 2439 7 7 7 7 Total payments. Add lines 6a through 6g 7 8 5 6a 7 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached 9 9 9 9 9 9 9 9 9 10 </td <td>2</td> <td></td> <td></td> <td></td> <td></td> <td>2</td> <td></td> <td></td> <td>0.</td>	2					2			0.
4 Total tax. Add lines 2 and 3 (see instructions). □ Check if includes tax previously deferred under section 1294. Enter tax amount here 4 0. 5 Current net 965 tax liability paid from Form 965.A or Form 965.B, Part II, column (k), line 4 5 0. 6 Payments: A2020 overpayment credited to 2021 6a 6a 6c 6c b 2021 estimated tax payments. Oheck if section 643(g) election applies ▶ 6d 6c 6c 6 Foreign organizations: Tax paid or withheld at source (see instructions) 6d 6c 6d 6c 6d 7 Total payments. Add lines 6a through 6g 7	3					3			
section 1294. Enter tax amount here 4 0. 5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (N, line 4 5 0. 6a Payments: A 2020 overpayment credited to 2021 6a 6a 0. 6a Payments: A 2020 overpayment credited to 2021 6a 6a 0. 6a D2021 estimated tax payments. Check if section 643(g) election applies 6a 6a 6a 6 Carcelit for small employer health insurance premiums (attach Form 8941) 6f 6c 7 7 Total payments. Add lines 6a through 6g 7 7 8 8 9 0 10 Other credits, adjustments, and payments: Form 2220 is attached 8 8 9 0 0 11 Enter the amount of line 10 koal of lines 4, 5, and 8, enter amount overpaid 10 10 11 10 12 Externents Regarding Certain Activities and Other Information (see instructions) 10 11 12 14 there horm 114, Report of Foreign Bank and Financial Accounts. If "Yes," the organization may have to file 11 12 14 there horeign country in dreign country	4								
5 Current net 965 tax liability paid from Form 965 A or Form 965 B, Part II, column (k), line 4 5 6 Payments: A 2020 overpayment credited to 2021 6a b 2021 estimated tax payments. Check if section 643(g) election applies 6a c 6c 6c d 6c 6c d 6d 6c d 7 6d d 6d 6c d 7 6d d 7 7 d 7 6d d 7 7 d 6d 7 d 7 7 d 7 7 d 7 8 estimated tax penative (see instructions). Check if Form 220 is attached 8 d		· · · · · · · · · · · · · · · · · · ·				4			Ο.
6a Payments: A 2020 overpayment credited to 2021 6a b 2021 estimated tax payments. Check if section 643(g) election applies 6c c Tax deposited with Form 8868 6c d Foreign organizations: Tax paid or withheld at source (see instructions) 6d g Credit for small employer health insurance premiums (attach Form 8941) 6f g Other credits, adjustments, and payments: Form 2439 g Form 4136 7 R Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount overpaid 9 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 11 Enter the amount of line 10 you want: Credited to 2022 estimated tax be mailer than a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) X 1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or ther authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the granization may have to file	5								
b 2021 estimated tax payments. Check if section 643(g) election applies ax deposited with Form 8868 Gc Gc	_								
c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Ge d Ge d Ge d G			1 —	_					
d Foreign organizations: Tax paid or withheld at source (see instructions) 6d e Backup withholding (see instructions) 6d f Credit for small employer health insurance premiums (attach Form 8941) 6f g Cther credits, adjustments, and payments: Form 2439 6g g Cther credits, adjustments, and payments: Form 2439 6g g Total payments. Add lines 6a through 6g 7 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached 9 9 Total payments. Add lines 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 11 Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶ Refunded ▶ 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) 1 1 1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file 1 FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country X 2 During the tax year, did the organization may have to file. X 8<									
e Backup withholding (see instructions) 6e 6f f Credit for small employer health insurance premiums (attach Form 8941) 6f 6f g Other credits, adjustments, and payments: Form 2439 6g 7 Total payments. Add lines 6a through 6g 7 8 5 7 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 9 7 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owerpaid 10 10 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 11 Enter the amount of line 10 you want: Credited to 2022 estimated tax Refunded > 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file X 1 At any time during the 2021 calendar year Is foreign country? X 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X				_					
f Credit for small employer health insurance premiums (attach Form 8941) 6f g Other credits, adjustments, and payments: Form 2439 6g 7 Total payments. Add lines 6a through 6g 7 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 9 9 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owerpaid 9 9 10 0 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 1 Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶ Refunded ▶ 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file X 1 At any time during the 2021 calendar year, did the organization from, or was it the grantor of, or transferor to, a foreign trust? X 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X 4 Enter available pre-2018 NOL carryovers here ▶ \$ 182,120. Do not i									
g Other credits, adjustments, and payments: □ Form 2439									
□ Form 4136 □ Total payments. Add lines 6a through 6g 7 7 Total payments. Add lines 6a through 6g 7 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached 7 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount ower 9 9 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 11 Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶ Refunded ▶ 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Interpret				+					
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ 8 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount ower ▶ 9 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid ▶ 10 11 Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶ Refunded ▶ 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) 11 1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Yes No 1 FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ X X 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X X 1 If "Yes," see instructions for other forms the organization may have to file. X X 2 Enter the amount of tax-exempt interest received or accrued during the tax year \$ \$ X 4 Enter the amount of tax-exempt interest received on any Schedule A, Part II	9	□ Form 4136 □ Other Total ►	- 6g						
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount overpaid ▶ 9 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid ▶ 10 11 Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶ Refunded ▶ 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) Version 1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Yes No FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ X X 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X X If "Yes," see instructions for other forms the organization may have to file. S X X If "Yes," see instructions for other forms the organization may have to file. X X X If "Yes," see instructions for other forms the organization may have to file. S S X If "Yes," see instructions for other forms the organization may have to file. S S <td>7</td> <td></td> <td></td> <td></td> <td></td> <td>7</td> <td></td> <td></td> <td></td>	7					7			
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid ▶ 10 11 Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶ Refunded ▶ 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) Interview Yes No 1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ Yes No 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X X 16 "Yes," see instructions for other forms the organization may have to file. X X 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$	8					<u> </u>			
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶ Refunded ▶ 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) I 1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ Yes No 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X X 1 "Yes," see instructions for other forms the organization may have to file. 182,120. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4. Fost-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. Business Activity Code Available post-2017 NOL carryover X 6a Did the organization described the change on Form 990, 990-FZ, 990-PF, or Form 1128? If "No," X	9					9			
Part IV Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ Yes No 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X 1 ft "Yes," see instructions for other forms the organization may have to file. X 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$\$ 4 Enter available pre-2018 NOL carryovers here ▶ \$ 182,120. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4. 5 Post-2017 NOL carryovers. Enter available Business Activity Code Available post-2017 NOL carryover 6a Did the organization change its method of accounting? (see instructions) X b If da is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"	10		aid		►	10			
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority Yes No 1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority Yes No 0ver a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file X 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X 1 Yes," see instructions for other forms the organization may have to file. X 3 Enter the amount of tax-exempt interest received or accrued during the tax year > \$						11			
over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Image: Securities in the image: Securities in the image: Security in the image: Security	Part	IV Statements Regarding Certain Activities and Other Informat	ion (s	see ir	structions)				
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country X Puring the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X If "Yes," see instructions for other forms the organization may have to file. X If "Yes," see instructions for other forms the organization may have to file. X If "Yes," see instructions for other forms the organization may have to file. X If enter available pre-2018 NOL carryovers here ▶ \$ 182, 120. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4. Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. X Business Activity Code Available post-2017 NOL carryover X Ga Did the organization change its method of accounting? (see instructions) X X b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," X	1		-		-		L L	Yes	No
here ▶ X 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X If "Yes," see instructions for other forms the organization may have to file. X 3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			-		•				
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X If "Yes," see instructions for other forms the organization may have to file. 3 3 Enter the amount of tax-exempt interest received or accrued during the tax year		FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	e name	e of t	he foreign country				
foreign trust? X If "Yes," see instructions for other forms the organization may have to file. \$ If "Yes," see instructions for other forms the organization may have to file. \$ If enter the amount of tax-exempt interest received or accrued during the tax year > \$ If enter available pre-2018 NOL carryovers here \$ 182,120. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4. Fost-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. Enter Available post-2017 NOL carryover Business Activity Code Available post-2017 NOL carryover 531120 \$ If the organization change its method of accounting? (see instructions) \$ \$ If the organization change its method of accounting? (see instructions) X If the ais "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," X		•							<u> </u>
 3 Enter the amount of tax-exempt interest received or accrued during the tax year	2								x
4 Enter available pre-2018 NOL carryovers here ▶ \$182,120. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4. 5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. 6 Business Activity Code 5 \$		If "Yes," see instructions for other forms the organization may have to file.							
 shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4. Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. Business Activity Code Available post-2017 NOL carryover 531120 267,667. b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," 	3	Enter the amount of tax-exempt interest received or accrued during the tax year			🕨 \$				
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. Business Activity Code Available post-2017 NOL carryover 531120 \$ 267,667. \$ \$ 6a Did the organization change its method of accounting? (see instructions) X b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," X	4	Enter available pre-2018 NOL carryovers here S 182, 120. Do not in	nclude	any	post-2017 NOL ca	rryover			
the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. Business Activity Code Available post-2017 NOL carryover 531120 \$267,667. 6a Did the organization change its method of accounting? (see instructions) b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," X		shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a	any de	duct	ion reported on Pa	rt I, line	4.		
Business Activity Code Available post-2017 NOL carryover 531120 \$ 267,667. \$ \$ 6a Did the organization change its method of accounting? (see instructions) X b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," X	5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NO	L carr	yove	rs. Don't reduce				
531120 \$ 267,667. \$ \$ 6a Did the organization change its method of accounting? (see instructions) X b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," X									
6a Did the organization change its method of accounting? (see instructions) X b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," X		Business Activity Code	Ava	ailab	e post-2017 NOL o	arryove	r		
6a Did the organization change its method of accounting? (see instructions) X b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," X		531120 \$			2	67,6	567 .		
6a Did the organization change its method of accounting? (see instructions) X b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," X		\$							
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"	6a								Х
							Γ		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Signature of officer	Date E		RECTOR	May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN
Paid				self- employe	ed
Preparer	JOHN S. WILES, CPA				P01222673
Use Only	Firm's name 🕨 LAPORTE, A	PAC		Firm's EIN	▶ **-***8864
USC Only	111 VETE	RANS MEMORIAL BI	.VD., #600		
	Firm's address METAIRIE	, LA 70005-4958		Phone no.	504-835-5522
123711 01-31-2	22				Form 990-T (202
		4	6		
2081110	755639 11093	2021.05000 CY	-HOPE, INC.		110931

FORM 990-T	PRE-2018	NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/16 12/31/17	99,390. 82,730.	0. 0.	99,390. 82,730.	99,390. 82,730.
NOL CARRYON	VER AVAILABLE THIS Y	ÆAR	182,120.	182,120.

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

2021

OMB No. 1545-0047

Open to Public Inspection for
501(c)(3) Organizations Only

1

B Employer identification number **-***6150

D Sequence:

1

of

Α	Name of the organizatio	n	
	CY-HOPE,	INC.	

531120 C Unrelated business activity code (see instructions)

Describe the unrelated trade or business **FACILITIES RENTAL**

<u>E</u> [Describe the unrelated trade or business FACILITIES R	ENT.	AL		
Ра	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance >	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7	100,830.	223,833.	-123,003.
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	100,830.	223,833.	-123,003.
_					

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return	7			
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)			14	
15	Total deductions. Add lines 1 through 14			15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from				
	column (C)			16	-123,003.
17	Deduction for net operating loss. See instructions			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16			18	-123,003.
LHA	For Paperwork Reduction Act Notice, see instructions.		S	chedu	le A (Form 990-T) 2021

123741 01-28-22

22081110 755639 11093

	le A (Form 990-T) 2021				Page 2
Part	II Cost of Goods Sold Enter met	thod of inventory valuation			
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter	,			
9 Part	Do the rules of section 263A (with respect to property Rent Income (From Real Property an		/ I I /	Ŭ	
1	Description of property (property street address, city,				1
•	A	State, ZIF COUEJ. CHECK II	a duaruse. See ins	liucions.	
	в 🗆				
	c 🗆				
	D				
		Α	В	С	D
2	Rent received or accrued				
a	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3 4	Total rents received or accrued. Add line 2c columns a Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				0.
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I, line see instructions) , city, state, ZIP code). Che	e 6, column (B)	ee instructions.	
4 5 Part `	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address)	nter here and on Part I, line see instructions) , city, state, ZIP code). Che	e 6, column (B) eck if a dual-use. Se	ee instructions.	0.
4 5 Part '	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E / Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C	nter here and on Part I, line see instructions) , city, state, ZIP code). Che	e 6, column (B) eck if a dual-use. Se	ee instructions.	0.
4 5 art `	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E / Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B	nter here and on Part I, line see instructions) , city, state, ZIP code). Che	e 6, column (B) eck if a dual-use. Se	ee instructions. YPRESS, T	0.
4 <u>5</u> 2 art 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I, line see instructions) , city, state, ZIP code). Che	e 6, column (B) eck if a dual-use. Se	ee instructions.	0.
4 5 Part `	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I, line see instructions) , city, state, ZIP code). Che 12715 TE	e 6, column (B) eck if a dual-use. Se LGE RD, C	ee instructions. YPRESS, T	0. VX 77429
4 <u>5</u> 2	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I, line see instructions) , city, state, ZIP code). Che 12715 TE	e 6, column (B) eck if a dual-use. Se LGE RD, C	ee instructions. YPRESS, T	0. VX 77429
4 <u>5</u> 2art 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I, line see instructions) , city, state, ZIP code). Che 12715 TE	e 6, column (B) eck if a dual-use. Se LGE RD, C	ee instructions. YPRESS, T	0. VX 77429
4 <u>5</u> <u>Part 1</u> 1 2 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I, line see instructions) , city, state, ZIP code). Che 12715 TE A 100,830.	e 6, column (B) eck if a dual-use. Se LGE RD, C	ee instructions. YPRESS, T	0. VX 77429
4 5 <u>Part 1</u> 1 2 3 a	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) STMT	nter here and on Part I, line see instructions) , city, state, ZIP code). Che 12715 TE A 100,830.	e 6, column (B) eck if a dual-use. Se LGE RD, C	ee instructions. YPRESS, T	0. VX 77429
4 <u>5</u> <u>Part</u> 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A	nter here and on Part I, line see instructions) , city, state, ZIP code). Che 12715 TE	e 6, column (B) eck if a dual-use. Se LGE RD, C	ee instructions. YPRESS, T	0. VX 77429
4 5 <u>Part 1</u> 1 2 3 a	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A	A 100,830. 3 17,970. 205,863.	e 6, column (B) eck if a dual-use. Se LGE RD, C	ee instructions. YPRESS, T	0. VX 77429
4 5 Part 1 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A	nter here and on Part I, line see instructions) , city, state, ZIP code). Che 12715 TE A 100,830.	e 6, column (B) eck if a dual-use. Se LGE RD, C	ee instructions. YPRESS, T	0. VX 77429
4 5 2 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A	A 100,830. 3 17,970. 205,863. 223,833.	e 6, column (B) eck if a dual-use. Se LGE RD, C	ee instructions. YPRESS, T	0. VX 77429
4 5 2 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A	A 100,830. 3 17,970. 205,863.	e 6, column (B) eck if a dual-use. Se LGE RD, C	ee instructions. YPRESS, T	0. VX 77429
4 5 Part 1 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A	A 100,830. 3 17,970. 205,863. 223,833. 555,367.	e 6, column (B) eck if a dual-use. Se LGE RD, C	ee instructions. YPRESS, T	0. VX 77429
4 5 art 1 2 3 a b c 4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B B C C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) STMT Other deductions (attach statement) STMT Other deductions (attach statement) STMT 4 Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement)	A 100,830. 3 17,970. 205,863. 223,833. 555,367. 494,107.	e 6, column (B) eck if a dual-use. Se LGE RD, C B	ee instructions. YPRESS, T	0. VX 77429
4 5 art 1 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B B C C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) STMT Other deductions (attach statement) STMT Other deductions (attach statement) Straight line depreciation debt on or allocable to debt-financed property Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5	A 100,830. 3 17,970. 205,863. 223,833. 555,367. 494,107. 100.00%	e 6, column (B) eck if a dual-use. Se LGE RD, C	ee instructions. YPRESS, T	0. VX 77429
4 5 art 1 2 3 a b c 4 5 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A	A 100,830. 3 17,970. 205,863. 223,833. 555,367. 494,107. 100,830.	e 6, column (B) eck if a dual-use. Se ELGE RD, C B	ee instructions. YPRESS, T	0. <u>1X</u> 77429 D %
4 5 art 1 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B B C C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) STMT Other deductions (attach statement) STMT Other deductions (attach statement) Straight line depreciation debt on or allocable to debt-financed property Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5	A 100,830. 3 17,970. 205,863. 223,833. 555,367. 494,107. 100,830.	e 6, column (B) eck if a dual-use. Se ELGE RD, C B	ee instructions. YPRESS, T	0. VX 77429
4 5 2 3 a b c 4 5 6 7 8	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A	A 100,830. 3 17,970. 205,863. 223,833. 555,367. 494,107. 100,830.	e 6, column (B) eck if a dual-use. Se ELGE RD, C B	ee instructions. YPRESS, T	0. <u>1X</u> 77429 D %
4 5 2 3 4 5 6 7 8 9	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A	A 100,830. 3 17,970. 205,863. 223,833. 555,367. 494,107. 100,830.	e 6, column (B) eck if a dual-use. Se SLGE RD, C B B % , line 7, column (A)	c	0. X 77429 D % % % 100,830.
4 <u>5</u> <u>2</u> 3 2 3 b c 4 5 6 7 8	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A	A 100,830. 3 17,970. 205,863. 223,833. 555,367. 494,107. 100,830. 0. 223,833. 0. 223,833. 0. 205,863. 223,833. 555,367. 494,107. 100,00% 100,830. D. Enter here and on Part I. 223,833.	e 6, column (B) eck if a dual-use. Se SLGE RD, C B B % , line 7, column (A)	c	0. <u>1X</u> 77429 D %

22081110 755639 11093

49 2021.05000 CY-HOPE, INC.

	ule A (Form 990-T) 2021 VI Interest, Annu		ovaltica, and D	onto fro	m Contro		raonizatio	20 (-				Page 3
Part	VI Interest, Annu	iiiles, n	oyanies, and n		in Contro		-					
1. Name of controlled organization		2. Employer identification number	3. Net unrelated 4. Tot		ments made that is contr		5. Part of column 4 hat is included in the controlling organiza- tion's gross income			Deductions directly connected with come in column 5		
(1)	1)								s groos inc			
(2)												
(3)												
(4)												
			No	nexempt C	Controlled O	rganizati	ions					
7	ir		Net unrelated come (loss) e instructions)	paymen		ade that is inc controlling		cluded in the			11. Deductions directly connected with income in column 10	
(1)							<u>J</u>					
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and or	n Part I, 1 (A)		er h	olumns 6 and 11. ere and on Part I, 8, column (B)
Totals						►			0.			0.
Part			of a Section 50)1(c)(7),	<u> </u>		nization (s	ee inst	tructions)			·
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly conn (attach state)	ected	4. Set- (attach st		, I	5. Total deductions and set-asides (add cols 3 and 4)
(1)												
(2)												
(3)												
(4)					Add amo	unto in						Add amounts in
					column 2 here and o line 9, colu	. Enter n Part I, ımn (A)						column 5. Enter here and on Part I, line 9, column (B)
Totals Part					The sure of a shi	0.						0.
			Activity Income	, other		ertisin	ig income (see in	structions))		
1	Description of exploite			in and Finite		Davit I	line 10 colum					
2	Gross unrelated busin Expenses directly con									2		
3			-							3		
4	line 10, column (B)		l trado or businoss							3		
-	lines 5 through 7						-			4		
5	Gross income from ac	tivity that	s not unrelated bus	iness inco	 me			•••••		5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F									7		

Schedule A (Form 990-T) 2021

1

123731 01-28-22

Schec	lule A (Form 990-T) 2021				Page 4
Part					
1	Name(s) of periodical(s). Check box if report	ting two or more periodicals on a c	onsolidated basi	is.	
	A [
	B				
_	D [
nter	amounts for each periodical listed above in the				
•		A	В	C	D
2	Gross advertising income				. 0,
-	Add columns A through D. Enter here and o	on Part I, line I I, column (A)		₽	
a ว	Direct advertising costs by periodical			1	ĺ
3	Direct advertising costs by periodical Add columns A through D. Enter here and o				. 0.
а	Add columns A through D. Enter here and o				
4	Advertising asin (loss) Subtract line 2 from I	lino			
4	Advertising gain (loss). Subtract line 3 from l 2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column	in			
	line 4 showing a loss or zero, do not comple				
5	lines 5 through 7, and enter zero on line 8 Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less that				
•	line 5, subtract line 6 from line 5. If line 5 is le				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
-	deduction. For each column showing a gain	i on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g		al or zero here an	nd on	I
	Part II, line 13				. 0.
Part		Directors, and Trustees (see	e instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
		21 1100			
		21 1100		to business	unrelated business
1)				to business %	unrelated business
					unrelated business
2)				%	unrelated business
2) 3)				%	unrelated business
(2) (3) (4)				% %	
	. Enter here and on Part II, line 1			% %	unrelated business
2) 3) 4) Total				% %	
2) (3) (4)				% %	
2) 3) 4) Total				% %	
2) 3) 4) Total				% %	
2) 3) 4) Total				% %	
2) 3) 4) Total				% %	
2) 3) 4) Total				% %	
2) 3) 4) Total				% %	
2) 3) 4) Total				% %	
2) 3) 4) Total				% %	
2) 3) 4) Total				% %	
2) 3) 4) Total				% %	
2) 3) 4) Total				% %	
2) 3) 4) Total				% %	
2) 3) 4) Total				% %	
2) 3) 4) Total				% %	
2) 3) 4) Total				% %	
2) 3) 4) Total				% %	
2) 3) 4) Total				% % %	

990-T SCH A	POST-2017	NET OPERATING	LOSS DEDUCTION	STATEMENT 2
		LOSS PREVIOUSLY	LOSS	AVAILABLE
TAX YEAR	LOSS SUSTAINED	APPLIED	REMAINING	THIS YEAR
12/31/16	99,390.	0.	99,390.	99,390.
12/31/17	82,730.	0.	82,730.	82,730.
12/31/18	74,304.	0.	74,304.	74,304.
12/31/19	95,880.	0.	95,880.	95,880.
12/31/20	97,483.	0.	97,483.	97,483.
NOL CARRYOV	ER AVAILABLE THIS Y	EAR	449,787.	449,787.

FORM 990-T (A)	PART V - DEPRECIAT	ION DEDUCTIO	DN	STATEMENT	3
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION	- SUBTOTAL -	1	17,970.	17,9	70.
TOTAL OF FORM 990-T,	SCHEDULE A, PART V,	LINE 3(A)		17,9	70.

FORM 990-T (A)

CY-HOPE, INC.

PART V - OTHER DEDUCTIONS

STATEMENT 4

-*6150

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
ADVERTISING COMPUTER & TECHNOLOGY CONFERENCES, TRAININGS, AND		1,192. 2,221.		
MEETINGS INSURANCE INTEREST		51. 9,782. 14,934.		
OFFICE OTHER		3,059. 982.		
PROFESSIONAL FEES & CONTRACT SERVICES UTILITIES		53,307. 86,594.		
SALARIES & WAGES PROGRAM		25,668. 8,073.		
- SUBTOTAL -		205,863.	1.00	205,863.
TOTAL OF FORM 990-T, SCHEDULE	A, PART V,	LINE 3(B)		205,863.

22081110 755639 11093