ggn

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Inspection

Department of the Treasury

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

APR 1. 2022 and ending MAR 31, A For the 2022 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change GROWING HOPE GLOBALLY Name change 54-1940516 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 708-505-4034 4479 CENTRAL AVE termin-ated 3,149,104. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended WESTERN SPRINGS, IL 60558-1715 H(a) Is this a group return Applica-F Name and address of principal officer: MAX FINBERG Yes X No for subordinates? pending SAME AS C ABOVE ∐Yes L No **H(b)** Are all subordinates included? (insert no.) Tax-exempt status: X = 501(c)(3) 501(c) ( 4947(a)(1) or If "No," attach a list. See instructions WWW.GROWINGHOPEGLOBALLY.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Association L Year of formation: 1999 M State of legal domicile: VA Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDE LASTING SOLUTIONS TO Activities & Governance HUNGER oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 22 Number of voting members of the governing body (Part VI, line 1a) 22 Number of independent voting members of the governing body (Part VI, line 1b) 8 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 1300 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year 3,078,325. 2,744,522. Contributions and grants (Part VIII, line 1h) Revenue 302,284 315,352. Program service revenue (Part VIII, line 2g) 51,705. 4,952. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 25. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,385,561. 3,111,604. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 1,658,306. 1,810,314. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 614,508. 659,006. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 204,429 242,472. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,477,243. 2,711,792. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 908,318. 399,812. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 4,107,302. 4,270,466. Total assets (Part X, line 16) 489,397. 252,824. 21 Total liabilities (Part X, line 26) 617,905. 4,017,642. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign MAX FINBERG, PRESIDENT & CEO Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Paid RON MARKLUND P01985511 CPA'S PC Firm's EIN 36-2886485 DUGAN & LOPATKA, Preparer Firm's name Firm's address 4320 WINFIELD ROAD SUITE 450 Use Only Phone no. 630-665-4440 WARRENVILLE, IL 60555-4036 X Yes May the IRS discuss this return with the preparer shown above? See instructions

	1 990 (2022) GROWING HOPE GLOBALLY	54-19405	16 Page <b>2</b>
Pa	rt 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:		
	AS A CHRISTIAN RESPONSE TO WORLD HUNGER, GROWING HOPE GI	OBALLY L	TNKS
	THE GRASSROOTS ENERGY AND COMMITMENT OF THE US AGRICULTU		
	WITH THE CAPABILITY AND DESIRE OF SMALL FARMERS IN DEVEL		
		JOPING	
	COUNTRIES TO GROW LASTING SOLUTIONS TO HUNGER		
2	Did the organization undertake any significant program services during the year which were not listed on the	_	. —
	prior Form 990 or 990·EZ?	L	Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	magazirad bu aya	0000
4		• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total exper	nses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 2 , 429 , 589 • including grants of \$ 1 , 810 , 314 • ) (Revenu		15,377 <sub>•</sub> )
	GROWING PROJECTS BRING U.S. FARMERS, CHURCHES AND COMMUN	VITIES TO	GETHER
	LOCALLY TO MAKE A GLOBAL DIFFERENCE BY GROWING CROPS, RA	ISING AN	IMALS
	OR DOING OTHER ACTIVITIES TO RAISE SUPPORT AND AWARENESS		
	AGRICULTURAL DEVELOPMENT PROGRAMS AROUND THE WORLD, GROW		
	GLOBALLY FUNDS MORE THAN 40 AGRICULTURAL DEVELOPMENT PRO		CH AEVD
	THROUGH OUR IMPLEMENTING PARTNERS IN MORE THAN 20 COUNTS		FRICA,
	ASIA, SOUTH AND CENTRAL AMERICA AND THE CARIBBEAN. GROW!	ING HOPE	
	GLOBALLY VISITS 15-20 OVERSEAS PROGRAMS PER YEAR.		
4b	(Code:) (Expenses \$	ie\$	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenu	le \$	)
	/ Control of the cont		
			_
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	١	
40	Total program service expenses 2, 429, 589.		
	Total program out vido oxponodo — I — I I I I I I I I I I I I I I I I		orm <b>990</b> (2022)

232002 12-13-22

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

Form	1 990 (2022) GROWING HOPE GLOBALLY 54-19	940516	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			١
	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		x	
04 -	Schedule J	23	1^	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		X
h	Schedule K. If "No," go to line 25a	24a 24b	+	1
	Did the organization mivest any proceeds or tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	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?		+	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controll	ed		
	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			3,7
	"Yes," complete Schedule L, Part IV	28a	<u> </u>	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	+	Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?			x
00	"Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	+	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		X
31	contributions? If "Yes," complete Schedule M		1	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	+	1
<b>52</b>	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02	+	+
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
	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	n?		
	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			l
	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?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		<u> </u>
_	Enter the managed in heavile of Forms 1000 February 2000 F	2	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	0		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	$\dashv$		
C	Did the organization comply with backup withholding rules for reportable payments to vehicles and reportable gaming			

232004 12-13-22

Form **990** (2022)

(gambling) winnings to prize winners?

#### GROWING HOPE GLOBALLY 54-1940516 Page 5 Form 990 (2022) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X 4a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year?

If "Yes," complete Form 6069.

If "Yes," see the instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

Form **990** (2022)

17

X

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

GROWING HOPE GLOBALLY

54-1940516

Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			,,
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	77	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			х
800	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 Revenue Code.)		V	N <sub>2</sub>
10-	Did the expenientian have lead chanters branches as offiliates?	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	IUa		23
Б	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	on Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	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.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed IL, KS, KY, MD, MI, MN, NC, VA, OR			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only	) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records MAX FINBERG - 708-505-4034			
	4479 CENTRAL AVE, WESTERN SPRINGS, IL 60558-1715			
00000	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2022)

orm	990	(2022)

#### GROWING HOPE GLOBALLY

54-1940516

Page 7

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

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

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

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

Check this box if neither the organization	tion nor any related	orga	aniza	ation	cor	npe	nsat	ted any current officer,	director, or trustee.		
(A)	(B)		(C)					(D)	(E)	(F)	
Name and title	Average	(do	not c	Pos heck	ntion more	than	one	Reportable	Reportable	Estimated	
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)			is bot	h an	compensation	compensation	amount of	
	week	$\vdash$			1	)/ u us	100)	from	from related	other 	
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the	
	related	e or c	tee			satec		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	Individual trustee or director	Institutional trustee		yee	mper		1099-NEC)	10001120)	and related	
	below	idual	ution	<u></u>	oldm	est co oyee	-e	,		organizations	
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Form				
(1) MAX FINBERG	60.00										
PRESIDENT & CEO				Х				165,370.	0.	25,643.	
(2) JERRY LUNDEEN	4.00										
CHAIRMAN		Х		Х				0.	0.	0.	
(3) KEVIN SKUNES	1.00								_		
1ST VICE CHAIR		Х		Х				0.	0.	0.	
(4) CAROL BREMER-BENNETT	1.00										
2ND VICE CHAIR		Х		Х				0.	0.	0.	
(5) DWIGHT ROHRER	1.00										
TREASURER		Х		Х				0.	0.	0.	
(6) KARIS GUTTER	1.00	l									
DIRECTOR		Х						0.	0.	0.	
(7) JIM RUFENACHT	1.00	l									
DIRECTOR		Х						0.	0.	0.	
(8) CLAUDE SCHROCK	1.00	١								•	
DIRECTOR		Х						0.	0.	0.	
(9) LEAH STOLTE-DOERFLER	1.00								_	•	
DIRECTOR	1 00	Х						0.	0.	0.	
(10) MAURICE BLOEM	1.00									•	
DIRECTOR	1 00	Х						0.	0.	0.	
(11) NIKKO BRADY	1.00	,,								0	
DIRECTOR	1 00	Х						0.	0.	0.	
(12) KARLI MOORE	1.00	٠,,							_	0	
DIRECTOR	1 00	Х						0.	0.	0.	
(13) JIM SCHMIDT	1.00	<b>.</b> ,							_	0	
DIRECTOR	1 00	Х						0.	0.	0.	
(14) STEVE WITT	1.00								_	0	
DIRECTOR	1.00	Х						0.	0.	0.	
(15) JIM ELWELL	1.00	X						0.	0.	0.	
DIRECTOR (16) KIRDY GOWD	1.00	Δ						0.	0.	0.	
(16) KIRBY GOULD DIRECTOR	1.00	X						0.	0.	0.	
(17) AMIHAN JONES	1.00	^	_			$\vdash$	-	0.	· ·	<u> </u>	
DIRECTOR	1.00	X						0.	0.	0.	
DIRECTOR		$\Gamma_{\nabla}$						1 0.	U •	U •	

232007 12-13-22

Form 990 (2022)

(C)

(D)

(A)

(B)

(E)

(F)

Name and title	Average hours per week	box	not c	heck ss pe	more erson directo	than is bot	h an	Reportable compensation from	Reportable compensation from related		Estimated Imount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	or	mpensation from the ganization nd related ganizations
(18) JOHN LYON	1.00								•		•
DIRECTOR	1 00	Х			-			0.	0	•	0.
(19) LARAINE SALMON	1.00	Į.,							^		0
DIRECTOR CONTROLL	1.00	Х			-			0.	0	<u>-</u>	0.
(20) ARLYN SCHIPPER	1.00	X						0.	0		0.
DIRECTOR (21) KARON SPECKMAN	1.00	<u> </u>			-			0.	0	+	<u></u>
DIRECTOR	1.00	X						0.	0		0.
(22) PATRICK BELL	1.00	<u> </u>			-			0.	0	+	<u></u>
DIRECTOR	1.00	X						0.	0		0.
(23) DAN SNIPES	1.00	122			$\vdash$			0.	0	+	
DIRECTOR	1.00	X						0.	0		0.
1b Subtotal								165,370.	0	. 2	25,643.
c Total from continuation sheets to Part VI	I. Section A							0.	0		0.
d Total (add lines 1b and 1c)								165,370.	0	. 2	25,643.
Total number of individuals (including but n compensation from the organization								eceived more than \$100	1,000 of reportable	•	1
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s										3	Yes No
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	•							•	•	4	Х
5 Did any person listed on line 1a receive or a	=				-		elat	ted organization or indiv	dual for services		
rendered to the organization? If "Yes," com	plete Schedul	e J t	or s	uch	pers	son .				5	X
Section B. Independent Contractors		_									
Complete this table for your five highest co the organization. Report compensation for	•	•						n the organization's tax	. ,		
(A) Name and business	address	N	ONI	Ξ				( <b>B)</b> Description of s	ervices		(C) ensation
2 Total number of independent contractors (i \$100,000 of compensation from the organic	ŭ	ot li	mite	d to		se li: )	stec	d above) who received m	nore than		
232008 12-13-22										Form	n <b>990</b> (2022)

Page 9

Га				or note to any lin	as in this Dort \/III			
		Check if Schedule O	contains a response	or note to any iii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
S S	1 .	a Federated campaigns	1a					
an			4.					
اع ثق		c Fundraising events						
ifts Ir A		d Related organizations						
Contributions, Gifts, Grants   and Other Similar Amounts		e Government grants (cont						
Sis		f All other contributions, gifts,						
her		similar amounts not included		744,522.				
호텔		g Noncash contributions included in		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
and		h Total. Add lines 1a-1f	Πιιιιες ια-τι [19]ψ		2,744,522.			
<u> </u>		ii Totali Add IIIIcs Ta II .		Business Code				
o l	2 8	a MEMBERSHIP DU	JES	900099	315,352.	315,352.		
Ş		b			010,001	020,0021		
Ser		c						
Z S		d						
Program Service Revenue	`	e						
Pr	1	f All other program service	revenue					
					315,352.			
	3	Investment income (inclu			,			
		•		·	51,630.			51,630.
	4	Income from investment						-
	5	Royalties						
		,	(i) Real	(ii) Personal				
	6 a	a Gross rents	6a					
	ı	<b>b</b> Less: rental expenses	6b					
		c Rental income or (loss)	6c					
		d Net rental income or (loss	s)					
	7 8	a Gross amount from sales of		(ii) Other				
		assets other than inventory	7a 37,575	,				
	ı	<b>b</b> Less: cost or other basis						
ne		and sales expenses	$ _{7b} _{37,500}$	,				
er Revenue		c Gain or (loss)		,				
Re		d Net gain or (loss)	•		75.			75.
	8 8	a Gross income from fundrais	ing events (not					
₹		including \$	of					
		contributions reported or	n line 1c). See					
		Part IV, line 18	8a	ı				
	ı	<b>b</b> Less: direct expenses	8k	)				
	(	c Net income or (loss) from	fundraising even <u>ts</u>					
	9 a	a Gross income from gamir	-					
		Part IV, line 19	9a	1				
		<b>b</b> Less: direct expenses		<u> </u>				
	(	c Net income or (loss) from	gaming activities					
	10 a	<ul> <li>a Gross sales of inventory,</li> </ul>						
		and allowances		a				
		<b>b</b> Less: cost of goods sold		b				
	•	c Net income or (loss) from	sales of inventory .					
જ્		VI 00-1-1-1-1-1	~	Business Code				
Miscellaneous Revenue	11 8	a MISCELLANEOUS	<u> </u>	900099	25.	25.		
lan	ı	b						
Pe l		С						
≝¯		<b>d</b> All other revenue						
		e Total. Add lines 11a-11d			25.	215 255		F1 F0F
	12	Total revenue. See instructi	ons		3,111,604.	315,377.	0.	51,705.

Form 990 (2022)

GROWING HOPE GLOBALLY

54-1940516 Page **10** 

### 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). X Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Fundraising expenses Program service expenses Total expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 1,717,138. 1,717,138. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 ..... Grants and other assistance to foreign organizations, foreign governments, and foreign 93,176. 93,176. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 38,844. 191,013 113,325. 38,844. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 353,704. 281,623. 31,481. 40,600. 7 Other salaries and wages Pension plan accruals and contributions (include 26,995. 24,139 74 2,782. section 401(k) and 403(b) employer contributions) 42,374. 2,282. 51,097. 6,441. 9 Other employee benefits 36,197. 26,522. 4,992. 4,683. Payroll taxes 10 Fees for services (nonemployees): a Management 2,480. 2,480. Legal 14,500. 14,500. Accounting Professional fundraising services. See Part IV, line 17 Investment management fees \_\_\_\_\_ Other, (If line 11g amount exceeds 10% of line 25, 49,422 5,790. 55,725 513. column (A), amount, list line 11g expenses on Sch O.) 1,233. 3,816. 5,049. Advertising and promotion 12 47,989. 32,398. 8,303. 7,288. Office expenses 13 Information technology 14 Royalties 15 12,940. 6,470. 2,588. 3,882. 16 Occupancy 85,833. 84,758. 222. 853. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 1,285. 1,285. Depreciation, depletion, and amortization ..... 22 5,385. 2,500. 2,885. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) **MISCELLANEOUS** 7,281 802. 4,339. 2,140. 2,970. 2,970. EDUCATION **MEMBERSHIPS** 1,035. 35. 1,000. d All other expenses е 2,711,792. 2,429,589. 164,388 117,815. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 2,770,036. 1,207,462. Cash - non-interest-bearing 1 876,806. 2,614,342. 2 Savings and temporary cash investments 25,000. 7,515. Pledges and grants receivable, net 3 232,994. 279,415. Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 50,563. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 43,164. 43,406. b Less: accumulated depreciation 10b 10c 159,302. 118,326. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 Other assets. See Part IV, line 11 15 15 4,107,302. 4,270,466. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 254,203. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 235,194. 19 224,550. 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, \_iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 489,397. 252,824. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 944,356. 1,017,472. Net assets without donor restrictions 27 2,673,549. 3,000,170. Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund ..... 31 Retained earnings, endowment, accumulated income, or other funds 31 3,617,905. 4,017,642. Total net assets or fund balances 32 4,107,302. 4,270,466. Total liabilities and net assets/fund balances ...

Form **990** (2022)

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2022)

Х

# Public Inspection Copy

# **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

Open to Public

Employer identification number

OMB No. 1545-0047

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

Inspection

GROWING HOPE GLOBALLY 54-1940516 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

GROWING HOPE GLOBALLY

54-1940516 Page 2

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.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,712,218.	2,574,422.	2,504,301.	3,078,325.	2,744,522.	13,613,788.
2	Tax revenues levied for the organ-						
	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	2,712,218.	2,574,422.	2,504,301.	3,078,325.	2,744,522.	13,613,788.
	The portion of total contributions	, ,	, ,				, ,
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						13,613,788.
	etion B. Total Support						13,013,700.
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	2,712,218.	2,574,422.	2,504,301.	3,078,325.	2,744,522.	13,613,788.
	Gross income from interest,				.,,	_ / · / · ·	
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	11,562.	19,425.	14,929.	4,952.	51.630.	102,498.
۵	Net income from unrelated business					0=,000	
3	activities, whether or not the						
40	business is regularly carried on						
IU	Other income. Do not include gain						
	or loss from the sale of capital		25.			25.	50.
	assets (Explain in Part VI.)		25.			23.	13,716,336.
	Total support. Add lines 7 through 10	-t- ( in-two-ti-	\			12	921,035.
	Gross receipts from related activities,			iourth or fifth toy v			721,033.
13	First 5 years. If the Form 990 is for the	-	st, secona, tnira, i	ourth, or fifth tax y	ear as a section s	001(0)(3)	
S <sub>0</sub> (	organization, check this box and stop ction C. Computation of Publ		rcentage				<u></u>
	Public support percentage for 2022 (I			column (f))		14	99.25 %
	Public support percentage from 2021					15	99.62 %
	33 1/3% support test - 2022. If the o				· ·		
IUa	stop here. The organization qualifies	•		•		•	
h	33 1/3% support test - 2021. If the o						
,							
170	and <b>stop here.</b> The organization qual						
17 a	10% -facts-and-circumstances test	ū					·
	and if the organization meets the fact		•	•		•	
	meets the facts-and-circumstances to	-	•	*	•	IZa and line 15 is	
D	10% -facts-and-circumstances test	ū				•	1U% Of
	more, and if the organization meets the				-		
40	organization meets the facts-and-circu						
18	<b>Private foundation.</b> If the organization	n ala not check a l	box on line 13, 16a	a, 100, 1/a, or 1/b,	, cneck this box a		
						Scheanie A	(Form 990) 2022

GROWING HOPE GLOBALLY

54-1940516 Page 3

### 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.)

quality drider the tests listed b	clow, picase con	ipiete i art ii.)				
Section A. Public Support		1	1	1	1	·
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> 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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business					1	
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.)						
Total support. (Add lines 9, 10c, 11, and 12.)	L organi-stissis	livet economic their l	foundby on fittle to	 	F01(a)(2) ===================================	ion.
14 First 5 years. If the Form 990 is for the	ū		*	•		·
check this box and stop here  Section C. Computation of Publ						L
15 Public support percentage for 2022 (			column (fl)		15	9,
16 Public support percentage from 2021					16	9
Section D. Computation of Investigation					1 10 1	
17 Investment income percentage for 20					17	9
18 Investment income percentage from 2					18	9
<b>19a 33 1/3% support tests - 2022.</b> If the						
more than 33 1/3%, check this box a	-					
b 33 1/3% support tests - 2021. If the						and
line 18 is not more than 33 1/3%, che	•			·	•	
20 Private foundation. If the organization						

232023 12-09-22

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 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 EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **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.)

		Yes	No
	1		
	_		
	2		
	3a		
	3b		
	3с		
	4a		
	16		
	4b		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
	5		
	7		
	8		
	9a		
	- 6		
	9b		
	9c		
	40-		
	10a		
	10b		
ııle	A (Forr	n 990	2022

Pa	rt IV 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 <b>Part VI</b> 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	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		ma\	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below.	istructio		No
2			Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Zu		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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 <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

232025 12-09-22

GROWING HOPE GLOBALLY

54-1940516 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integra	ated Type III supporting org	anization (see
	instructions)			

	rt V   Type III Non-Functionally Integrated 509		anizatione /	5	4-1940516 Page 7
	ion D - Distributions	(a)(3) Supporting Orga	anizations (continu	ued) T	Current Year
		mnt numacca		1	Current Year
1	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemp			<del>  '  </del>	
2	organizations, in excess of income from activity	or purposes or supported		2	
3	Administrative expenses paid to accomplish exempt purpose	ne of supported organization	ue.	3	
4	Amounts paid to acquire exempt-use assets	es of supported organization	15	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	vide details in <b>Part VI</b>		5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	ovide details in Fait Vij		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	2	<del>                                     </del>	
Ū	(provide details in Part VI). See instructions.	ic organization is responsive	•	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	Elifo o amount divided by line o amount	(i)	(ii)	<del></del>	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
					la a de la A (F a como 000) 0000

GROWING HOPE GLOBALLY

54-1940516 Page 8

	line Se	e 1; Part	IV, Section IIV, Section IIIV, Section IIIV, Section IIV, Section IIIV, Section IIIV, Section IIV, Section IIIV, Section IIIV, Section IIIV, Section IIIV, Section IIV, Section IIIV, Section IIV, Section IIV, Section IIIV, Section IIV, Section IIV, Section IIIV, Section IIIV, Section IIIV, Section IIV, Section IIIV, Section	on D, lin	es 2 and 3	s; Part IV	, Section E, lines	s 1c, 2a, :	2b, 3a, a	and 3b; Part	ection B, lines 1 and 2; Part IV, Section C, V, line 1; Part V, Section B, line 1e; Part V, for any additional information.
SCHE	DULE	Α,	PART	II,	LINE	10,	EXPLANA'	TION	FOR	OTHER	INCOME:
MISC	ELLA	NEOU	S IN	COME							
2019	AMO	UNT:	\$	25.							
2022	AMO	UNT:	\$	25.							

# Public Inspection Copy

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047
2022
Open to Public

Open to Public Inspection

Name of the organization

GROWING HOPE GLOBALLY

Employer identification number 54-1940516

Par		ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	$\operatorname{Did}$ the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
_			
Par		-	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	` '	
	Preservation of land for public use (for example, recrea	ation or education)	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	ganization during the tax
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing conserv	ation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
_			
8	Does each conservation easement reported on line 2(d) above	* * * * * * * * * * * * * * * * * * * *	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	•	
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial statements	s that describes the
Par	organization's accounting for conservation easements.  t III Organizations Maintaining Collections o	f Art Historical Transuras or Othe	r Similar Assats
Pai	Complete if the organization answered "Yes" on Form		er Sillillar Assets.
па	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pul	· · · · · ·	erance of public
	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	c exhibition, education, or research in furthera	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
-	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	,	n, provide
	the following amounts required to be reported under FASB A	-	
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2022

232051 09-01-22

# Land, Buildings, and Equipment.

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

		,	, , , , , , , , , , , , , , , , , , ,	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		40,080.		40,080.
<b>b</b> Buildings				
c Leasehold improvements				
d Equipment		10,483.	7,157.	3,326.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part X, colui	mn (B), line 10c.)		43,406.

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

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...

Schedule D (Form 990) 2022

232053 09-01-22

# Public Inspection Copy

### SCHEDULE F (Form 990)

# **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

2022

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization					Employer identi	fication number
GROWING HOPE GL	OBALLY				54-19405	16
		ctivities Ou	tside the United States. Comple	te if the organ		
Form 990, Part IV	/, line 14b.					
			ds to substantiate the amount of its gra			,
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance? X	Yes No
2 For grantmakers. Desc	ribo in Bort V/the	organization's	procedures for monitoring the use of its	aranta and a	thar agaistanaa ay	taida tha
United States.	ribe in Part V trie	e organization s	procedures for monitoring the use of its	grants and o	ther assistance ou	iside trie
	ne following Part	L line 3 table ca	an be duplicated if additional space is r	eeded.)		
(a) Region		(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
	offices	employees, agents, and independent	(by type) (such as, fundraising, pro-	•	gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to		e specific type	investments
		in the region	recipients located in the region)	of service	(s) in the region	in the region
SUB-SAHARAN AFRICA -						
ANGOLA, BENIN,						
BOTSWANA, BURKINA						
FASO,	0	0	GRANTS			93,176.
CENTRAL AMERICA AND						
THE CARRIBEAN	0	0	TRAVEL			21,453.
						, ,
SOUTH AMERICA	0	0	TRAVEL			25,229.
GUD GAUADAN AEDIGA						6 500
SUB-SAHARAN AFRICA	0	0	TRAVEL			6,598.
3 a Subtotal	0	0				146,456.
<b>b</b> Total from continuation						,
sheets to Part I	0	0				0.
c Totals (add lines 3a						
1.01.	l ^	l ^				146 456

232071 10-17-22

Schedule F (Form 990) 2022

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

Schedule F (Form 990) 2022

GROWING HOPE GLOBALLY

54-1940516

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
			OVERSEAS PROGRAMS	93,176.	WIRE TRANSFER	0.		
2 Enter total number of			recognized as charities by the					

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance Part III can be duplicated if a			ates. Complete i	f the organization answered "Yes"	on Form 990, Par	t IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Pari	Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes X No
		Schedule F (Form 990) 2022

54-1940516 Page 5

### Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

#### PART I, LINE 2:

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS AFTER AN IMPLEMENTING MEMBER'S PROPOSED OVERSEAS FOOD PROGRAM HAS BEEN APPROVED AND THE FUNDING DETERMINED, AN AGREEMENT IS WRITTEN BASED ON A BRIEF SUMMARY OF THE PROPOSAL. THE AGREEMENT INDICATES THE FREQUENCY OF THE REPORTING AND THAT REPORT WILL INCLUDE INFORMATION ON FINANCES, ACTIVITIES, PROGRESS TOWARD OBJECTIVES AND PHOTOS. REPORTS SUCH AS ANNUAL REPORTS, INTERIM REPORTS AND FINAL EVALUATIONS ARE ALSO SHARED WITH GROWING HOPE GLOBALLY. REPORTS ARE REVIEWED FOR PROGRESS IN ACCORDANCE WITH THE PLAN AND VARIANCES ARE QUESTIONED. REQUIRED REPORTING IS MONITORED AND REMINDERS ARE SENT FOR LATE REPORTS. REPORTS ARE SHARED WITH ALL MEMBERS WHO HAVE SUPPORTED THE PROGRAM AND APPROPRIATE EXCERPTS DISTILLED FOR THE WEBSITE. CHANGES IN PLANS AND BUDGETS OF MORE THAN 10% ARE TO BE REQUESTED IN WRITING PRIOR TO THEIR HAPPENING. PLANS ARE APPROVED FOR ONE YEAR AT A TIME WITH APPROVAL FOR FUTURE YEARS CONTINGENT ON AVAILABLE FUNDING, PERFORMANCE, REPORTING AND APPROPRIATE PLAN. PROGRAM STAFF PARTICIPATE IN PLANNING AND EVALUATING PROCESSES WITH MEMBER PROGRAM AND PARTNER STAFF. GROWING HOPE GLOBALLY STAFF VISITS NUMEROUS PROGRAMS PER YEAR, PROVIDING OPPORTUNITIES FOR GROWING PROJECT PARTICIPANTS TO VISIT THE OVERSEAS PROGRAMS AS WELL AS ARRANGE MUTUAL CONNECTING AND LEARNING OPPORTUNITIES FOR GROWING HOPE GLOBALLY PARTNERS IN COUNTRIES WHERE THERE ARE A NUMBER OF THEM PRESENT. OVERSEAS GUESTS ARE ALSO INVITED TO THE U.S. TO SHARE THE IMPACT OF THE PROGRAMS.

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization 54-1940516 GROWING HOPE GLOBALLY Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (c) IRC section (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) CATHOLIC RELIEF SERVICES 209 WEST FAYETTE STREET 13-5563422 501(C)(3) OVERSEAS PROGRAMS BALTIMORE, MD 21201 203,187 0 CHURCH WORLD SERVICE 475 RIVERSIDE DRIVE SUITE 700 OVERSEAS PROGRAMS NEW YORK, NY 10115 13-4080201 501(C)(3) 340,881 LUTHERAN WORLD RELIEF 700 LIGHT STREET BALTIMORE, MD 21230 13-2574963 501(C)(3) 126,048 0 OVERSEAS PROGRAMS MENNONITE CENTRAL COMMITTEE 21 SOUTH 12TH STREET AKRON PA 17504 23-6002702 501(C)(3) 457 289 OVERSEAS PROGRAMS NAZARENE COMPASSIONATE MINISTRIES 17001 PRAIRIE STAR PARKWAY 501(C)(3) OVERSEAS PROGRAMS LENEXA, KS 66220 44-0552034 34,000 0 WORLD HOPE INTERNATIONAL 625 SLATERS LANE SUITE 100 ALEXANDRIA, VA 22314 35-1985485 501(C)(3) 85 000 0 OVERSEAS PROGRAMS 8. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) GROWING	HOPE GLOBA	7TT7				3	04-1940516 Pa
Part II Continuation of Grants and Oth	ner Assistance to Do	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORLD RENEW							
700 28TH STREET							
RAND RAPIDS, MI 49508	38-1708140	501(C)(3)	409,983.	0.			OVERSEAS PROGRAMS
OVENANT WORLD RELIEF & DEV.							
303 W HIGGINS RD							
CHICAGO, IL 60631	36-2167730	501(C)(3)	59,748.	0.			OVERSEAS PROGRAMS

(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, lir	e 2; Part III, columi	n (b); and any other a	dditional information.	
PART I, LINE 2:					
ROCEDURES FOR MONITORING THE US	SE OF GRANT	FUNDS AFT	TER AN IMPL	EMENTING	
MEMBER'S PROPOSED OVERSEAS FOOD	PROGRAM HA	S BEEN API	PROVED AND	THE FUNDING	
DETERMINED, AN AGREEMENT IS WRIT	TEN BASED	ON A BRIE	F SUMMARY O	F THE	
PROPOSAL. THE AGREEMENT INDICATE	S THE FREQ	UENCY OF T	THE REPORTI	NG AND THAT	
REPORT WILL INCLUDE INFORMATION	ON FINANCE	S, ACTIVIT	TIES, PROGR	ESS TOWARD	
BJECTIVES AND PHOTOS. REPORTS S					
'INAL EVALUATIONS ARE ALSO SHARE			-		
		HF DT.AN AN			

QUESTIONED. REQUIRED REPORTING IS MONITORED AND REMINDERS ARE SENT FOR LATE
REPORTS. REPORTS ARE SHARED WITH ALL MEMBERS WHO HAVE SUPPORTED THE PROGRAM
AND APPROPRIATE EXCERPTS DISTILLED FOR THE WEBSITE. CHANGES IN PLANS AND
BUDGETS OF MORE THAN 10% ARE TO BE REQUESTED IN WRITING PRIOR TO THEIR
HAPPENING. PLANS ARE APPROVED FOR ONE YEAR AT A TIME WITH APPROVAL FOR
FUTURE YEARS CONTINGENT ON AVAILABLE FUNDING, PERFORMANCE, REPORTING AND
APPROPRIATE PLAN. PROGRAM STAFF PARTICIPATE IN PLANNING AND EVALUATING
PROCESSES WITH MEMBER PROGRAM AND PARTNER STAFF. GROWING HOPE GLOBALLY
STAFF VISITS NUMEROUS PROGRAMS PER YEAR, PROVIDING OPPORTUNITIES FOR
GROWING PROJECT PARTICIPANTS TO VISIT THE OVERSEAS PROGRAMS AS WELL AS
ARRANGE MUTUAL CONNECTING AND LEARNING OPPORTUNITIES FOR GROWING HOPE
GLOBALLY PARTNERS IN COUNTRIES WHERE THERE ARE A NUMBER OF THEM PRESENT.
OVERSEAS GUESTS ARE ALSO INVITED TO THE U.S. TO SHARE THE IMPACT OF THE
PROGRAMS.

# Public Inspection Copy

### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

GROWING HOPE GLOBALLY

Employer identification number 54-1940516

Pa	art   Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1</b> b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee   X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		
LHA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990.	J (Forr	n 990	2022

232111 10-18-22

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MAX FINBERG	(i)	165,370.	0.	0.	13,909.		191,013.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022 GROWING HOPE GLOBALLY	54-1940516	Page 3
Schedule J (Form 990) 2022 GROWING HOPE GLOBALLY  Part III Supplemental Information		_
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also c	omplete this part for any additional information	on.
	, ,	

**SCHEDULE 0** (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

**Employer identification number** 

54-1940516 GROWING HOPE GLOBALLY FORM 990, PART VI, SECTION A, LINE 6: MEMBERS CONSTITUTE A SINGLE CLASS WHICH INCLUDE THE FOLLOWING: GROWING PROJECTS IMPLEMENTING ORGANIZATIONS SUPPORTING ORGANIZATIONS FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS SHALL HAVE THE RIGHT TO VOTE TO ELECT DIRECTORS TO SERVE ON THE BOARD OF DIRECTORS AND SHALL ALSO VOTE ON ANY OTHER MATTERS APPROVED BY THE BOARD OF DIRECTORS FOR A MEMBER VOTE. FORM 990, PART VI, SECTION B, LINE 11B: THE CHIEF FINANCIAL OFFICER AND CHIEF EXECUTIVE OFFICER REVIEW FORM 990 AND COMPARE THE FORM TO THE AUDITED FINANCIAL STATEMENTS BEFORE THE CEO SIGNS THE RETURN. THE RETURN IS PROVIDED TO THE FINANCE COMMITTEE AND MADE AVAILABLE TO ALL THE BOARD MEMBERS. FORM 990, PART VI, SECTION B, LINE 15: COMPARABLE SALARY INFORMATION IS USED FOR COMPENSATION LEVELS FOR ALL EMPLOYEES INCLUDING COST OF LIVING ADJUSTMENT DATA. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: IL, KS, KY, MD, MI, MN, NC, VA, OR, PA, WI, AR, NY, TN, GA, OH, WA FORM 990, PART VI, SECTION C, LINE 19:

232211 10-28-22

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE

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

Schedule O (Form 990) 2022

1666\_\_\_1

# Public Inspection Copy

Schedule O (Form 990) 2022  Name of the organization  GROWING HOPE GLOBALLY	Page 2 Employer identification number 54-1940516
PUBLIC UPON REQUEST OR ON ITS WEBSITE	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	513.
MANAGEMENT AND GENERAL EXPENSES	45,958.
FUNDRAISING EXPENSES	5,790.
TOTAL EXPENSES	52,261.
FILING FEES - STATE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,464.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,464.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	55,725.
FORM 990, PART XII, LINE 2C: THE PROCESS HAS NOT CHANGED FROM PREVIOUS YEARS.	
THE TROCEDS HAS NOT CHANGED TROM TREVIOUS TEARS.	

232212 10-28-22 Schedule O (Form 990) 2022

# Public Inspection Copy

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

	50 INGE 10				_	_									
Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
2	FURNITURE AND EQUIPMENT	VARIOUS	SL	7.00		16	10,483.				10,483.	5,872.		1,285.	7,157.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						10,483.				10,483.	5,872.		1,285.	7,157.
	LAND														
1	LAND	VARIOUS	L				40,080.				40,080.			0.	
	* 990 PAGE 10 TOTAL LAND						40,080.				40,080.	0.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR						50,563.				50,563.	5,872.		1,285.	7,157.

228111 04-01-22

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone