### Form **990**

#### Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Do not enter social security numbers on this form as it may be made public. Department of the Treasury Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service For the 2022 calendar year, or tax year beginning 2022, and ending 20 Check if applicable: C Name of organization RED OAK HOPE D Employer identification number Address change Doing business as 82-2014196 Name change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 4301 W WILLIAM CANNON DR 185 B150 (512)656-7642 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return AUSTIN, TX 78749 908,315 X No Application pending F Name and address of principal officer: ANON SECURITY H(a) Is this a group return for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? X 501(c)(3) If "No," attach a list. See instructions 501(c) ( 4947(a)(1) or 527 H(c) Group exemption number HTTPS://WWW.REDOAKHOPE.ORG/ Website: X Corporation Trust Association Other L Year of formation: M State of legal domicile: **Summary** Part I Briefly describe the organization's mission or most significant activities: RED OAK HOPE IS DEDICATED TO BRINGING FREEDOM, HOPE, AND RESTORATION TO SURVIVORS OF SEXUAL EXPLOITATION. WE WORK TO STOP TRAFFICKING AND Activities & Governance EXPLOITATION ON A LARGE SCALE, WHILE SIMULTANEOUSLY PROVIDING HOLISTIC CARE TO INDIVIDUALS AND COMMUNITIES ALREADY AFFECTED. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 8 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 9 Total number of volunteers (estimate if necessary) . . . . . . . . 6 30 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11. 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 672,939 647,759 Revenue 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . 5 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 47,058 167,654 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 694,817 840,598 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . . . . . . . . . . . . . . 49,810 68,102 Benefits paid to or for members (Part IX, column (A), line 4) . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 447,630 447,630 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 51,675 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 313,386 243,421 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 810,826 810,828 (116,009) 29,770 End of Year **Beginning of Current Year** Total assets (Part X, line 16) 206,831 172,213 21 Total liabilities (Part X, line 26) . 91 5,552 Net assets or fund balances. Subtract line 21 from line 20 172,122 201,279 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 JENNIFER MEDRANO Sign Signature of officer Date Here JENNIFER MEDRANO, BOARD TREASURER

Date

06-22-2023

Preparer's signature

Count Keepers

Azle TX 76020

321 Walnut Ave

John Reynolds

Type or print name and title Print/Type preparer's name

Firm's name

Firm's address

John Reynolds

X No

PTIN

512-775-1649

P01996876

Yes

self-employed

Firm's EIN

Phone no.

**Paid** 

Preparer

**Use Only** 

orm	n 990 (2022) RED OAK HOPE	82-2014196	Page 2
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:		
	RED OAK HOPE IS DEDICATED TO BRINGING FREEDOM, HOPE, AND RESTORATION TO SUR	VIVORS OF SEXU	AL
	EXPLOITATION. WE WORK TO STOP TRAFFICKING AND EXPLOITATION ON A LARGE SCALE	E, WHILE SIMULT	ANEOUSL
	PROVIDING HOLISTIC CARE TO INDIVIDUALS AND COMMUNITIES ALREADY AFFECTED.	<del>-</del>	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	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	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured and the services are services as measured and the services are services.	ured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	the total expenses, and revenue, if any, for each program service reported.		
	and total superiods, and revenue, in any, to odom program control repetitod.		
4a	(Code: ) (Expenses \$ 428,082 including grants of \$ 34,407) (Revenue	\$ 85,3	394)
-	US DOMESTIC: OUR PROGRAM IN AUSTIN, TX HELPS FEMALE ADULT SURVIVORS OF SEXU		
	PREPARE FOR A LIFE OF STABILITY, HEALING, AND INDEPENDENCE. THIS PROGRAM HA	_	
	COMPONENTS: TRANSITIONAL HOUSING AND EDUCATIONAL/VOCATIONAL TRAINING. OUR T		IISTNG
	PROGRAM PROVIDES HOUSING, CASE MANAGEMENT, AND HOLISTIC CARE FOR 4 WOMEN FO		
	ALSO OFFER RESTORE, WHICH IS A VOCATIONAL/EDUCATIONAL TRAINING PROGRAM. THE		
	FOCUS ON MENTAL AND PHYSICAL HEALTH, EMPLOYMENT, FINANCIAL STABILITY, EDUCA		KAMB, MI
	CONNECTEDNESS, TRANSPORTATION, AND CONNECTION TO COMMUNITY RESOURCES. THROU		VODE ADI
	EMPOWERED TO LIVE INDEPENDENT AND SUSTAINABLE LIVES. SEE HTTPS://WWW.REDOAK		
	ACCOMPLISHMENTS.	MOFE.ORG/ FOR	2022
	ACCOMP II SIMBATS.		
4b	(Code: ) (Expenses \$ 144,080 including grants of \$ 3,982) (Revenue	e \$	)
	INTERNATIONAL: OUR INTERNATIONAL PROGRAMS SERVE WOMEN AND CHILDREN WHO HAVE		/ T-RTSK
	OF BEING TRAFFICKED OR EXPLOITED IN ASIA AND UGANDA. THESE PROGRAMS FOCUS OF		
	ISSUE: PREVENTION, INTERVENTION AND RESTORATION. OUR PREVENTION MEASURES IN		
	ORGANIZATIONS IN SOURCE COUNTRIES TO PROMOTE AWARENESS OF SAFE VS. UNSAFE M		
	VOCATIONAL TRAINING INITIATIVES TO SUPPORT WOMEN WHO WOULD OTHERWISE BE VUI		
	AND UNSAFE MIGRATION ABROAD. WE PROVIDE DIRECT INTERVENTION TO SUPPORT SURV		
	FAMILIES AS THEY ESCAPE THEIR ABUSER(S) AND ARE REPATRIATED BACK TO THEIR H		
	ADDITION, WE PARTNER WITH ORGANIZATIONS IN THOSE HOME COUNTRIES THAT THEY M		
	AND PROVIDE LONG-TERM RESTORATIVE CARE TO SUPPORT THESE WOMEN AND CHILDREN		
	LIVES. SEE HTTPS://WWW.REDOAKHOPE.ORG/ FOR 2022 ACCOMPLISHMENTS.		
4c	(Code: ) (Expenses \$ 95,935 including grants of \$ ) (Revenue	<u> </u>	)
	ASIA DOMESTIC: OUR ASIA DOMESTIC PROGRAM SERVES WOMEN AND CHILDREN WITHIN A	-	EEN
	PREVIOUSLY TRAFFICKED OR EXPLOITED DOMESTICALLY. WE ALSO SERVE WOMEN AND GI		
	HIGH-RISK OF BECOMING EXPLOITED OR TRAFFICKED IN THE FUTURE, AS WELL AS CHI		
	THIS PROGRAM HAS TWO MAJOR COMPONENTS: RESTORATION AND ECONOMIC EMPOWERMENT		
	SURVIVOR ESTABLISH IMMEDIATE SAFETY AND SECURITY, WE PROVIDE HOLISTIC CARE		<u> </u>
	PROFESSIONAL COUNSELING, VOCATIONAL TRAINING, MEDICAL CARE, AND CASE MANAGE		
	INDIVIDUALS HEAL FROM THEIR TRAUMA AND BE EMPOWERED TO NOT JUST SURVIVE BUT		SO.
	PARTNER WITH SOCIAL ENTERPRISES TO SUPPORT FULL-TIME EMPLOYMENT FOR AT-RISK		DO
			77E 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	EXPLOITED WOMEN. THIS ALLOWS WOMEN TO MAKE A SUSTAINABLE INCOME AND GAIN CO		
	INDEPENDENT AND SUSTAINABLE LIFE. SEE HTTPS://WWW.REDOAKHOPE.ORG/ FOR 2022	ACCOMPLISHMENT	D.
<b>1</b> ~	Other program convices (Describe on Schedule O.)		
<del>4</del> 0	Other program services (Describe on Schedule O.)	<b>\</b>	
	(Expenses \$ including grants of \$ ) (Revenue \$	)	

668,097

Total program service expenses

#### 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 public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		37
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		Х
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	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		v
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		Х
120	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
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	х	
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	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	242		
al	to defease any tax-exempt bonds?	24c 24d		
d 250	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		v
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		_ X
b	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	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	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? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
22	complete Schedule N, Part II	32		_ X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_ X
34	or IV, and Part V, line 1	34		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note</b> : All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

Form 990 (2022) RED OAK HOPE 82-2014196 Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70		
L	and services provided to the payor?	7a 7b	X	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70	х	
С	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		Λ.
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		21
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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 140	Enter the amount of reserves on hand	110		
14a h	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule Q</i>	14a 14b		Х
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		А
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Ves." complete Form 6069			

Form 990 (2022) RED OAK HOPE 82-2014196 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 in Schedule O. See instructions.	
Check if Schedule O contains a response or note to any line in this Part VI	x

Sec	ction 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 in 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	х	
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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
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			
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		<u> </u>
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		_ X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b 120	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	120		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13.</i>	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	Х	
С	describe on Schedule O how this was done	12c	v	
13	Did the organization have a written whistleblower policy?	13	x	
14	Did the organization have a written document retention and destruction policy?	14		x
15	Did the process for determining compensation of the following persons include a review and approval by	17		
	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	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	. 3.0		
16a				
	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	100		
	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 <b>Texas</b>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☒ Own website       ☐ Another's website       ☐ Upon request       ☐ Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	HALEY PATTERSON (512)656-7642, 4301 W WILLIAM CANNON DR 185 B150, AUSTIN, TX 78749			

Form 990 (2022) RED OAK HOPE 82-2014196 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.

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

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

Check this box if fleither the organization flor any related	u organizati	OH CO	npei	isaid	ou a	riy Curi	CIII	officer, director, or	il usiee.	T
				(	C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					nan one s both an		Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the	from related organizations (W-2/	compensation from the
	(list any	or -	Ins	Office	Ke	em Hi	o <sub>d</sub>	organization (W-2/ 1099-MISC/	1099-MISC/	organization and
	hours for related	dire	stituti	igi	y en	ploy	Forme	1099-NEC)	1099-NEC)	related organizations
0	rganizations	tor to	ona		Key employee	8 co				
	below	Individual trustee or director	Institutional trust		/ee	nper	$\neg$			
	dotted line)	Ō	tee			Highest compensated employee				
						ä				
							Ť			
(1) ANON SECURITY	40.00									
EXECUTIVE DIRECTOR				x				67,655	0	0
(2) HALEY PATTERSON	40.00									
AUSTIN DIRECTOR				х				61,667	0	2,616
(3) JENNIFER MEDRANO										
BOARD TREASURER		X						0	0	0
(4) JUHAN KIM										
DIRECTOR		X						0	0	0
(5) KRIPA NERLIKAR										
DIRECTOR		X						0	0	0
(6) ANGELA REDFERN										
DIRECTOR		Х						0	0	0
(7) CONSTANCE GROVER										
DIRECTOR		Х						0	0	0
(8) GARRETT BOON										
DIRECTOR		х						0	0	0
(9) SUSAN TOLLES										
BOARD CHAIR		x						0	0	0
(10)LESLIE VANDER GHEYNST										
DIRECTOR		x		_				0	0	0
(11)SARAH GROVER										
BOARD SECRETARY		x						0	0	0
(12)KATHY SMITH-WILLMAN										
BOARD VICE CHAIR		x						0	0	0
(13)										
(14)										
								•	•	

Form 990 (2022)

Part VII Section A. Officers, Directors,	rustees,	ney i	=mp	DIO.	yee	es, ar	na r	ignest Comp	ensated E	mpio	yees	(contir	nued,
(A) Name and title	(B) Average hours per week	box	, unles er and	Position heck more than one ess person is both ar nd a director/trustee)			n	(D)  Reportable compensation from the organization (W-2/	(E)  Reportable compensation from related organizations (W-2/		com	(F) ated amo of other spensatio	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)		organ	ization a organiza	
(15)													
<u>(16)</u>													4
(17)	-												•
[18]									U				
<u>(19)</u>													
(20)	-												
<u>(21)</u>													
(22)							1						
(23)										$\top$			
(24)													
(25)													
1b Subtotal			•				•			#			
c Total from continuation sheets to Part VII, Sec d Total (add lines 1b and 1c)								129,322		0		2,6	16
2 Total number of individuals (including but not limit reportable compensation from the organization	ited to those I	listed a	bove	e) w	ho r	eceive	d m	ore than \$100,000	of				c
reportable comparisation non-the organization												Yes	No
3 Did the organization list any former officer, directly employee on line 1a? If "Yes," complete Schedu		-				-					3		x
4 For any individual listed on line 1a, is the sum of r	reportable co	mpens	ation	anc	d oth	er con	npen	sation from the		• •			
organization and related organizations greater the individual							eau • •	ie J for such			4		х
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Ye	•		-			-					5		x
Section B. Independent Contractors	o, complete	00//00	10.0	0 101	000	ni porc	,011						
1 Complete this table for your five highest compensation from the organization. Report compensation from the organization.										/ear.			
(A)								(B)			(C)	utia u	
Name and business addre	555							Description of service	es		Compensa	шоп	
	1						L_						
2 Total number of independent contractors (including received more than \$100,000 of compensation from the contractors).	-			se lis	sted	above	) wh	10					

82-2014196

Form 990 (2022) **Part VIII** 5

Statement	of Revenue

		Check if Schedule O contains a response of	r no	ote to any line in thi	s Part VIII			🗌
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a					
	b	' "	1b					
ınts nts	c	'	1c	17,031				
Gra	d		1d	27,032				
fts,	e		1e	85,394				
	f	All other contributions, gifts, grants,		03,031				
Sin	-		1f	570,514				
buti ther	q	Noncash contributions included in		0.0,022				
Contributions, Gifts, Grants and Other Similar Amounts			1g	\$				
ಕ ಬ	h				672,939			
				Business Code				
	2a							
<u>ş</u>	b							
Jue Ju	С							
ram Serv Revenue	d							
Program Service Revenue	е							
P.	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
	3	Investment income (including dividends, interest	st, a	nd				
		other similar amounts)			5	5		
	4	Income from investment of tax-exempt bond pr	roce	eds				
	5	Royalties						
		(i) Real		(ii) Personal				
		Gross rents 6a						
		'						
	l .	Rental income or (loss) 6c	₹					
	d	Net rental income or (loss)						
	7a	Gross amount from (i) Securities	$\overline{}$	(ii) Other				
		sales of assets						
		other than inventory 7a	-					
-	D	Less: cost or other basis						
venue		and sales expenses 7b						
	l .	Gain or (loss)						
Other Re		Net gain or (loss)	-					
£	0a	events (not including \$ 17,031						
O		of contributions reported on line						
		1c). See Part IV, line 18	8a	235,371				
	b	Less: direct expenses	8b	67,717				
		Net income or (loss) from fundraising events			167,654			167,654
		Gross income from gaming						
		activities, See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less						
			10a					
	b	Less: cost of goods sold	10b					
	С	Net income or (loss) from sales of inventory						
				Business Code				
Sn &	11a		_					
Miscellanous Revenue	b		_					
eve	С	-	_					
Mis R		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			840,598	5	0	167,654

## Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
	Check if Schedule O contains a response or note to any line in this Part IX									
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)					
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	29,713	29,713							
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22	34,407	34,407							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and									
	foreign individuals. See Part IV, lines 15 and 16	3,982	3,982							
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	125,167	93,417	15,875	15,875					
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	264,871	247,103	13,867	3,901					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits	29,185	26,175	1,971	1,039					
10	Payroll taxes	28,407	24,478	2,340	1,589					
11	Fees for services (nonemployees):									
а	Management	21,725	21,725							
b	Legal	1,284	300	984						
С	Accounting	13,879		13,879						
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17.	51,675			51,675					
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25, column									
Ū	(A) amount, list line 11g expenses on Schedule O.)									
12	Advertising and promotion	8,385			8,385					
13	Office expenses	4,683	4,005	678						
14	Information technology	2,905	447	646	1,812					
15	Royalties									
16	Occupancy	20,848	20,848							
17	Travel	13,425	12,752	19	654					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	10,506	10,506							
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance	3,386	1,749	1,637						
24	Other expenses. Itemize expenses not covered									
	above (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A), amount, list line 24e expenses on Schedule O.)									
а	ASIA DOMESTIC	12,142	12,142							
b	US DOMESTIC	103,094	103,094							
С	ASIA INTERNATIONAL	19,217	19,217							
d	PROGRAM SUPPORT	7,942	2,037	5,868	37					
е	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	810,828	668,097	57,764	84,967					
26	Joint costs. Complete this line only if the									
	organization reported in column (B) joint costs from a combined educational campaign and									
	fundraising solicitation. Check here  if									
	following SOP 98-2 (ASC 958-720)									
	<del></del>				Farm 000 (0000)					

Form 990 (2022) RED OAK HOPE 82-2014196 Page 11

Part X Balance Sheet
Check if Schedule

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>						
			(A) Beginning of year		<b>(B)</b> End of year						
	1	Cash - non-interest-bearing	172,881	1	106,828						
	2	Savings and temporary cash investments		2	100,055						
	3	Pledges and grants receivable, net	(668)	3							
	4	Accounts receivable, net		4							
	5	Loans and other receivables from any current or former officer, director,									
		trustee, key employee, creator or founder, substantial contributor, or 35%									
		controlled entity or family member of any of these persons		5							
	6	Loans and other receivables from other disqualified persons (as defined									
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6							
	7	Notes and loans receivable, net		7	(52)						
Assets	8	Inventories for sale or use		8							
Ass	9	Prepaid expenses and deferred charges		9							
	10a	Land, buildings, and equipment: cost or other									
		basis. Complete Part VI of Schedule D 10a									
	b	Less: accumulated depreciation 10b		10c							
	11	Investments - publicly traded securities		11							
	12	Investments - other securities. See Part IV, line 11		12							
	13	Investments - program-related. See Part IV, line 11		13							
	14	Intangible assets		14							
	15	Other assets. See Part IV, line 11		15							
	16	Total assets. Add lines 1 through 15 (must equal line 33)	172,213	16	206,831						
	17	Accounts payable and accrued expenses	91	17	5,552						
	18	Grants payable		18							
	19	Deferred revenue		19							
	20	Tax-exempt bond liabilities		20							
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21							
SS	22	Loans and other payables to any current or former officer, director,									
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%									
jab.		controlled entity or family member of any of these persons		22							
_	23	Secured mortgages and notes payable to unrelated third parties		23							
	24	Unsecured notes and loans payable to unrelated third parties		24							
	25	Other liabilities (including federal income tax, payables to related third									
		parties, and other liabilities not included on lines 17-24). Complete Part X									
		of Schedule D		25							
	26	Total liabilities. Add lines 17 through 25	91	26	5,552						
		Organizations that follow FASB ASC 958, check here									
S		and complete lines 27, 28, 32, and 33.									
Š	27	Net assets without donor restrictions	172,122	27	201,279						
3ale	28	Net assets with donor restrictions		28							
힏		Organizations that do not follow FASB ASC 958, check here									
₫		and complete lines 29 through 33.									
s or	29	Capital stock or trust principal, or current funds		29							
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30							
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31							
Net Tet	32	Total net assets or fund balances	172,122	32	201,279						
	33	Total liabilities and net assets/fund balances	172,213	33	206,831						

EEA Form **990** (2022)

orm	990 (2022) RED OAK HOPE	82-201419	96	Pag	e 1
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	. <b></b> .		[	X
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		840,5	98
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		810,8	28
3	Revenue less expenses. Subtract line 2 from line 1	. 3		29,7	70
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		172,1	22
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8		(6	13
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10		201,2	79
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes I	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits EEA Form 990 (2022)

За

3b

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

#### SCHEDULE A (Form 990)

#### **Public Charity Status and Public Support**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

**Employer identification number** 

RED OAK HOPE 82-2014196 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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).) 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: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 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: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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). 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, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) instructions) above (see instructions)) document? Yes (A) (B) (C) (D) (E) Total

 Schedule A (Form 990) 2022
 RED OAK HOPE
 82-2014196
 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.)

Secti	on A. Public Support	quamy arrac	1110 10010 110	tou bolott, pi	odoo oompioi	or arring				
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and	(0) = 0.10	(11) = 11	(0, 2020	(,	(0, _ 0	(1)			
-	membership fees received. (Do not									
	include any "unusual grants.")	299,732	325,448	326,836	622,934	659,658	2,234,608			
2	Tax revenues levied for the		020,110	020,000	0,00	(00)	2,22,555			
	organization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to the									
	organization without charge									
4	<b>Total.</b> Add lines 1 through 3	299,732	325,448	326,836	622,934	659,658	2,234,608			
5	The portion of total contributions by									
	each person (other than a									
	governmental unit or publicly			,						
	supported organization) included on									
	line 1 that exceeds 2% of the amount									
	shown on line 11, column (f)						525,259			
6	Public support. Subtract line 5 from line 4.						1,709,349			
Secti	on B. Total Support									
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
7	Amounts from line 4	299,732	325,448	326,836	622,934	659,658	2,234,608			
8	Gross income from interest, dividends,									
	payments received on securities loans,									
	rents, royalties, and income from									
	similar sources									
9	Net income from unrelated business									
	activities, whether or not the business									
	is regularly carried on									
10	Other income. Do not include gain or									
	loss from the sale of capital assets									
	(Explain in Part VI.)									
11	<b>Total support.</b> Add lines 7 through 10						2,234,608			
12	Gross receipts from related activities, etc.					12				
13	First 5 years. If the Form 990 is for the or									
	organization, check this box and stop her	e								
	on C. Computation of Public Suppor									
14	Public support percentage for 2022 (line 6					14	76.49 %			
15	Public support percentage from 2021 Sch					15	<u>%</u>			
16a	33 1/3% support test - 2022. If the organ			•		•				
	box and <b>stop here.</b> The organization qual									
þ	33 1/3% support test - 2021. If the organ									
47-	this box and <b>stop here</b> . The organization			•			_			
17a	10%-facts-and-circumstances test - 202	-								
	10% or more, and if the organization mee					-				
	Part VI how the organization meets the fa			-	-					
	organization									
b	<b>10%-facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain									
						-	•			
	in Part VI how the organization meets the			-	· · · · · · · · · · · · · · · · · · ·					
10	organization						_			
18	<b>Private foundation.</b> If the organization di									
	instructions		<del></del>		<del></del>		<u> </u>			

EEA Schedule A (Form 990) 2022

#### **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.

OMB No. 1545-0047

**Open to Public** 

Department of the Treasury Internal Revenue Service Name of the organization

RED OAK HOPE

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

Inspection Employer identification number

82-2014196

Par	General Information of Form 990, Part IV, line		Outside the U	Inited States	s. Complete if	the organization answered	"Yes" on
1	For grantmakers. Does the org		tain records to s	ubstantiate the	e amount of its o	rants and	
•	other assistance, the grantees' eli				-		
	award the grants or assistance?						X Yes No
2	For grantmakers. Describe in Foutside the United States.	art V the orgar	nization's proced	lures for monit	oring the use of	its grants and other assistance	
3	Activities per Region. (The follow	ing Part I, line	3 table can be du	uplicated if add	litional space is r		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	region (by fundraising, pi investments, g	conducted in the type) (such as, rogram services, rants to recipients in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
E	AST ASIA AND THE						
(1) P	ACIFIC	1	4	PROGRAM	SERVICES	PROGRAM MANAGEMENT	7,554
<b>(2)</b> S1	UB-SAHARAN AFRICA		2	PROGRAM	SERVICES	PROGRAM MANAGEMENT	15,000
(3)							
(4)							
(5)							
(6)							
(7)				9			
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
15)							
16)							
17)							
3a	Subtotal	1	6				22,554
b	Total from continuation sheets to Part I						
С	Totals (add lines 3a and 3b)	1	6				22,554

Schedule F (Form 990) 2022 RED OAK HOPE 82-2014196 Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (b) IRS code (d) Purpose of (e) Amount of (a) Name of (c) Region (f) Manner of (g) Amount of (h) Description (i) Method of valuation section and EIN organization grant cash grant noncash of noncash assistance (book, FMV, disbursement (if applicable) assistance appraisal, other) EAST ASIA AND (1) CASE MANAGEMENT THE PACIFIC REIMBURSED 3RD PAR BOOK EAST ASIA AND (2) THE PACIFIC TRANSPORTATION REIMBURSE 3RD PART BOOK 4,000 SUB-SAHARAN (3)AFRICA FOR STIPENDS AND CASH REIMBURSEME 4,870 716 REIMBURSE 3RD PART BOOK SUB-SAHARAN AFRICA VOCATIONAL AND C 9,414 REIMBURSE 3RD PART BOOK (5) (6) (10)(11) (12) (13)(14)(15)(16)Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax 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 

EEA

#### **SCHEDULE G** (Form 990)

Department of the Treasury

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Internal Revenue Service Inspection Employer identification number Name of the organization

RED OAK HOPE 82-2014196 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 x Mail solicitations x Solicitation of non-government grants а x Internet and email solicitations x Solicitation of government grants b x Phone solicitations X Special fundraising events С x In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (i) Name and address of individual (or retained by) custody or control of (or retained by) (ii) Activity from activity or entity (fundraiser) fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing Texas

Schedule G (Form 990) 2022

If "No," explain:

If "Yes," explain:

b

10a

EEA

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

#### **SCHEDULE I** (Form 990)

# 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.

2022 Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

RED O	AK HOPE						82-2014196	
Part I		<b>Grants and Assis</b>	tance					
1 D	oes the organization maintain records to	substantiate the amou	ınt of the grants or assist	ance, the grantees' eli	gibility for the grants or	assistance, and		
th	e selection criteria used to award the g	rants or assistance?						. X Yes No
<b>2</b> D	escribe in Part IV the organization's pro							
Part I					nts. Complete if the c	organization answered	"Yes" on Form 990	0,
	Part IV, line 21, for any recip	ent that received mo	ore than \$5,000. Part	Il can be duplicate	d if additional space	is needed.		
1 (	Name and address of organization     or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)FRE	ELEAF LLC							
3000 1	BRIARTON DR							SEE SCHEDULE
AUSTII	N TX 78747	83-2476229		29,713		BOOK VALUE	N/A	φ
(2)								
(3)								
(4)								
(5)								
(6)								
(7)	K A							
(8)								
(9)								
(10)								
	nter total number of section 501(c)(3) a	•		table				1

82-2014196 Page **2** 

Schedule I (Form 990) (2022) **RED OAK HOPE** 

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

12		189 472 387	105,337 49,383 6,334	воок	RESIDENTIAL HOUSING PROVIDED BY RED OAK HOPE PROGRAM COSTS DELIVERED IN GROUP SETTING PAID BY ORGANIZATION ON BEHALF OF INDIVIDUALS
	2,	472	49,383	воок	PROGRAM COSTS DELIVERED IN GROUP SETTING PAID BY ORGANIZATION ON
					GROUP SETTING PAID BY ORGANIZATION ON
					PAID BY ORGANIZATION ON
8	3,	387	6,334	воок	
8	3,	387	6,334	воок	BEHALF OF INDIVIDUALS
					MEALS AND DIRECT FOOD
12	12,	527	2,225	воок	PURCHASES
8	5,	832	4,378	воок	PAID BY ORGANIZATION
					8 5,832 4,378 BOOK ation required in Part I, line 2; Part III, column (b); and any other add

(1)	

## SCHEDULE O (Form 990)

#### 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.

OMB No. 1545-0047

Open to Public

Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

82-2014196 RED OAK HOPE 01. Officer, directors, etc. family relationship (Part VI, line 2) TWO OF THE BOARD MEMBERS ARE SISTERS: SARAH GROVER AND CONSTANCE GROVER 02. Form 990 governing body review (Part VI, line 11) A COMPLETE COPY OF THE ORGANIZATION'S FINAL FORM 990 (INCLUDING ALL REQUIRED SCHEDULES) AS ULTIMATELY FILED WITH THE IRS, WAS PROVIDED TO EACH PERSON WHO WAS A VOTING MEMBER OF THE GOVERNING BODY AT THE TIME THE FORM 990 WAS PROVIDED, BEFORE ITS FILING WITH THE IRS 03. Conflict of interest policy compliance (Part VI, line 12c) CONFLICT OF INTEREST POLICY IS IN THE RED OAK HOPE STAFF MANUAL. THE BOARD OF DIRECTORS MONITORS CONFLICTS OF INTEREST ALONGSIDE FINANCIAL AND EXECUTIVE DIRECTOR REPORTS. 04. CEO, executive director, top management comp (Part VI, line 15a) BOARD COMPLETED ANALYSIS OF COMPENSATION DATA FROM THEIR SOURCES, DELIBERATED AND THEN VOTED FOR SALARY OF THE EXECUTIVE DIRECTOR 05. Other officer or key employee compensation (Part VI, line 15b BOARD COMPLETED ANALYSIS OF COMPENSATION DATA FROM THEIR SOURCES, DELIBERATED AND THEN VOTED FOR SALARY OF THE OTHER OFFICERS AND KEY EMLOYEES OF THE ORGANIZATION. 06. Governing documents, etc, available to public (Part VI, line 19) NO GOVERNING DOCUMENTS HAVE BEEN MADE AVAILABLE TO GENERAL PUBLIC. 07. Part IX, response or note to any line in Part IX AS DESCRIBED IN SCHEDULE I, PART II, LINE 1, THE GRANT PROVIDES SUPPORT FOR FREELEAF LLC. Schedule O (Form 990) 2022 Name of the organization Employer identification number RED OAK HOPE 82-2014196 FREELEAF IS A SOCIAL ENTERPRISE PROVIDING EMPLOYMENT AND HOLISTIC CARE TO AT-RISK AND PREVIOUSLY ABUSED OR EXPLOITED WOMEN IN ASIA AND AUSTIN, TX AS ALIGNED WITH THE MISSION AND VISION OF RED OAK HOPE. 08. Part XI, response or note to any line in Part XI PART XI, LINE 8 - PRIOR PERIOD ADJUSTMENTS. REDUCED INTERNATIONAL FUNDS ACCOUNT TO MATCH ACTUAL ACCOUNT BALANCE DUE TO MISSING TRANSACTIONS IN PRIOR YEARS.

EEA Schedule O (Form 990) 2022