

Return of Organization Exempt From Income Tax

2023

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.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning, 2023, and ending, 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization RED OAK HOPE Doing business as		D Employer identification number 82-2014196
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4301 W WILLIAM CANNON DR 185 B150		E Telephone number (512) 656-7642
	City or town, state or province, country, and ZIP or foreign postal code AUSTIN, TX 78749		G Gross receipts \$ 1,040,973
	F Name and address of principal officer: ANON SECURITY SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: HTTPS://WWW.REDOAKHOPE.ORG/			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2017	M State of legal domicile: TX

Part I Summary

Activities & Governance	1 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 EXPLOITATION ON A LARGE SCALE, WHILE SIMULTANEOUSLY PROVIDING HOLISTIC CARE TO INDIVIDUALS AND COMMUNITIES ALREADY AFFECTED.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	60
	7a 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	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 672,939	Current Year 863,514
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5	6
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	167,654	82,248
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	840,598	945,768
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	68,102	27,529
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	447,630	562,730
	16a Professional fundraising fees (Part IX, column (A), line 11e)	51,675	40,450
	b Total fundraising expenses (Part IX, column (D), line 25)	104,374	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	243,421	345,036
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	810,828	975,745
19 Revenue less expenses. Subtract line 18 from line 12	29,770	(29,977)	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 206,831	End of Year 172,234
	21 Total liabilities (Part X, line 26)	5,552	735
	22 Net assets or fund balances. Subtract line 21 from line 20	201,279	171,499

Part II Signature Block

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

Sign Here	JENNIFER MEDRANO	
	Signature of officer	Date
	JENNIFER MEDRANO, BOARD TREASURER	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name John Reynolds	Preparer's signature John Reynolds	Date 07-30-2024	Check <input type="checkbox"/> if self-employed	PTIN P01996876
	Firm's name Count Keepers	Firm's EIN		Phone no.	
	Firm's address 321 Walnut Ave Azle TX 76020			512-775-1649	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: RED OAK HOPE IS DEDICATED TO BRINGING FREEDOM, HOPE, AND RESTORATION TO SURVIVORS OF SEXUAL EXPLOITATION. WE WORK TO STOP TRAFFICKING AND EXPLOITATION ON A LARGE SCALE, WHILE SIMULTANEOUSLY PROVIDING HOLISTIC CARE TO INDIVIDUALS AND COMMUNITIES ALREADY AFFECTED.

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

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

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

4a (Code:) (Expenses \$ 496,176 including grants of \$ 8,651) (Revenue \$) US DOMESTIC: OUR PROGRAM IN AUSTIN, TX EXISTS TO PROVIDE A HOLISTIC RESPONSE TO THE NEEDS OF SEXUALLY EXPLOITED AND TRAFFICKED WOMEN THROUGH RESIDENTIAL AND NON-RESIDENTIAL SERVICES. THROUGH OUR RESIDENTIAL SERVICES WE PROVIDE SAFE, FREE HOUSING FOR 18-24 MONTHS, COMPREHENSIVE CASE MANAGEMENT, SUPPORTIVE SERVICES, SKILLS DEVELOPMENT, SOCIAL SUPPORT, DISABILITY SUPPORT, AND AFTERCARE TO SUPPORT SELF-SUFFICIENCY. OUR NON-RESIDENTIAL SERVICES FOCUS ON COMMUNITY CRISIS RESPONSE AND SHORT-TERM STABILIZATION. THE PRIMARY GOALS OF BOTH OF THESE PROGRAMS ARE TO SEE IMPROVEMENTS IN CLIENTS' OVERALL SAFETY, WELL-BEING, SELF-SUFFICIENCY, AND SOCIAL CONNECTEDNESS SO THAT THEY CAN BEGIN OR CONTINUE TO HEAL FROM THEIR TRAUMA, OBTAIN ECONOMIC SECURITY, AND REMAIN FREE FROM RE-EXPLOITATION OR VICTIMIZATION. SEE HTTPS://WWW.REDOAKHOPE.ORG/ FOR 2023 ACCOMPLISHMENTS.

4b (Code:) (Expenses \$ 164,526 including grants of \$ 15,576) (Revenue \$) INTERNATIONAL: OUR INTERNATIONAL PROGRAMS SERVE WOMEN AND CHILDREN WHO HAVE BEEN OR ARE AT-RISK OF BEING TRAFFICKED OR EXPLOITED IN ASIA AND UGANDA. THESE PROGRAMS FOCUS ON ALL SIDES OF THE ISSUE: PREVENTION, INTERVENTION AND RESTORATION. OUR PREVENTION MEASURES INCLUDE PARTNERING WITH ORGANIZATIONS IN SOURCE COUNTRIES TO PROMOTE AWARENESS OF SAFE VS. UNSAFE MIGRATION AS WELL AS VOCATIONAL TRAINING INITIATIVES TO SUPPORT WOMEN WHO WOULD OTHERWISE BE VULNERABLE TO TRAFFICKING AND UNSAFE MIGRATION ABROAD. WE PROVIDE DIRECT INTERVENTION TO SUPPORT SURVIVORS AND THEIR FAMILIES AS THEY ESCAPE THEIR ABUSER(S) AND ARE REPATRIATED BACK TO THEIR HOME COUNTRY. IN ADDITION, WE PARTNER WITH ORGANIZATIONS IN THOSE HOME COUNTRIES THAT THEY MAY RECEIVE SURVIVORS AND PROVIDE LONG-TERM RESTORATIVE CARE TO SUPPORT THESE WOMEN AND CHILDREN AS THEY REBUILD THEIR LIVES. SEE HTTPS://WWW.REDOAKHOPE.ORG/ FOR 2023 ACCOMPLISHMENTS.

4c (Code:) (Expenses \$ 133,093 including grants of \$ 38,849) (Revenue \$) ASIA DOMESTIC: OUR ASIA DOMESTIC PROGRAM SERVES WOMEN AND CHILDREN WITHIN ASIA WHO HAVE BEEN PREVIOUSLY TRAFFICKED OR EXPLOITED DOMESTICALLY. WE ALSO SERVE WOMEN AND GIRLS WHO ARE AT HIGH-RISK OF BECOMING EXPLOITED OR TRAFFICKED IN THE FUTURE, AS WELL AS CHILDREN OF SURVIVORS. THIS PROGRAM HAS TWO MAJOR COMPONENTS: RESTORATION AND ECONOMIC EMPOWERMENT. AFTER HELPING A SURVIVOR ESTABLISH IMMEDIATE SAFETY AND SECURITY, WE PROVIDE HOLISTIC CARE SERVICES LIKE PROFESSIONAL COUNSELING, VOCATIONAL TRAINING, MEDICAL CARE, AND CASE MANAGEMENT TO HELP INDIVIDUALS HEAL FROM THEIR TRAUMA AND BE EMPOWERED TO NOT JUST SURVIVE BUT THRIVE. WE ALSO PARTNER WITH SOCIAL ENTERPRISES TO SUPPORT FULL-TIME EMPLOYMENT FOR AT-RISK, ABUSED, AND EXPLOITED WOMEN. THIS ALLOWS WOMEN TO MAKE A SUSTAINABLE INCOME AND GAIN CONFIDENCE TO LIVE AN INDEPENDENT AND SUSTAINABLE LIFE. SEE HTTPS://WWW.REDOAKHOPE.ORG/ FOR 2023 ACCOMPLISHMENTS.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 793,795

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c detailing IRS filing and tax compliance information.

Part 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	7		
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?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 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			X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	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).				
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?	7a	X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
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?	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.				
a	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:				
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	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
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	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, or 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? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Sub-ID, Count, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 5 columns: Question ID, Question Text, Sub-ID, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed Texas
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.
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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANON SECURITY EXECUTIVE DIRECTOR	40.00			X			76,432	0	0	
(2) ANGELA REDFERN DIRECTOR		X					0	0	0	
(3) CONSTANCE GROVER DIRECTOR		X					0	0	0	
(4) JAIMEE MCCORD DIRECTOR		X					0	0	0	
(5) JON CHEEK SECRETARY		X					0	0	0	
(6) KATHY SMITH-WILLMAN BOARD CHAIR		X					0	0	0	
(7) JENNIFER MEDRANO BOARD TREASURER		X					0	0	0	
(8) KRIPA NERLIKAR DIRECTOR		X					0	0	0	
(9) HALEY PATTERSON AUSTIN DIRECTOR	40.00			X			0	0	0	
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							76,432	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	131,199			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	166,583			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	565,732			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		863,514			
Program Service Revenue	2a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6	6		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b				
c	Gain or (loss)	7c					
d	Net gain or (loss)						
8a	Gross income from fundraising events (not including \$ <u>131,199</u> of contributions reported on line 1c). See Part IV, line 18	8a	177,453				
b	Less: direct expenses	8b	95,205				
c	Net income or (loss) from fundraising events		82,248		82,248		
9a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	_____	Business Code				
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		945,768	6	0	82,248	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	23,778	23,778		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	3,751	3,751		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	140,200	104,600	17,800	17,800
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	352,253	299,153	26,550	26,550
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
9	Other employee benefits	36,145	27,347	5,035	3,763
10	Payroll taxes	34,132	27,392	3,370	3,370
11	Fees for services (nonemployees):				
a	Management	26,700	26,700		
b	Legal	423	27	396	
c	Accounting	17,713		17,713	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17. .	40,450			40,450
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . .				
12	Advertising and promotion	1,683		1,551	132
13	Office expenses	4,226	3,597	299	330
14	Information technology	1,029	202	592	235
15	Royalties				
16	Occupancy	20,057	20,057		
17	Travel	6,541	6,333		208
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,566	14,566		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,959	2,024	1,935	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	ASIA DOMESTIC	54,217	54,217		
b	US DOMESTIC	149,504	149,504		
c	ASIA INTERNATIONAL	27,213	27,213		
d	PROGRAM SUPPORT	11,063	3,334	1,962	5,767
e	All other expenses	6,142		373	5,769
25	Total functional expenses. Add lines 1 through 24e. .	975,745	793,795	77,576	104,374
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	106,828	1	149,074
	2 Savings and temporary cash investments	100,055	2	2
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	23,120
	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	(52)	7	38
	8 Inventories for sale or use		8	
	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)		206,831	16	172,234
Liabilities	17 Accounts payable and accrued expenses	5,552	17	735
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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		5,552	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	201,279	27	171,499
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	201,279	32	171,499
33 Total liabilities and net assets/fund balances	206,831	33	172,234	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	945,768
2	Total expenses (must equal Part IX, column (A), line 25)	2	975,745
3	Revenue less expenses. Subtract line 2 from line 1	3	(29,977)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	201,279
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	197
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	171,499

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization RED OAK HOPE	Employer identification number 82-2014196
---	---

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	325,448	326,836	622,934	659,658	709,195	2,644,071
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	325,448	326,836	622,934	659,658	709,195	2,644,071
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)						784,295
6 Public support. Subtract line 5 from line 4.						1,859,776

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	325,448	326,836	622,934	659,658	709,195	2,644,071
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 Total support. Add lines 7 through 10						2,644,071
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	70.34 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	76.49 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2022. 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 stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2023

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

Attach to Form 990.

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

RED OAK HOPE

82-2014196

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located 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
EAST ASIA AND THE (1) PACIFIC	1	4	PROGRAM SERVICES	PROGRAM MANAGEMENT	87,540
(2) SUB-SAHARAN AFRICA		2	PROGRAM SERVICES	PROGRAM MANAGEMENT	29,000
(3) SOUTH ASIA		1	PROGRAM SERVICES	PROGRAM MANAGEMENT	8,102
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	1	7			124,642
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	7			124,642

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

Schedule F (Form 990) 2023

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) 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)
(1)			EAST ASIA AND THE PACIFIC	CASE MANAGEMENT	42,360	WIRE TRANSFER			
(2)			EAST ASIA AND THE PACIFIC	ECONOMIC EMPOWER	38,849	EFT			
(3)			EAST ASIA AND THE PACIFIC	FOOD MEDICAL HOU	6,331	WIRE TRANSFER			
(4)			SUB-SAHARAN AFRICA	CASE MANAGEMENT	24,360	WIRE TRANSFER			
(5)			SUB-SAHARAN AFRICA	FOOD MEDICAL HOU	4,640	WIRE TRANSFER			
(6)			SOUTH ASIA	TRANSPORTATION	4,000	WIRE TRANSFER			
(7)			SOUTH ASIA	FOOD MEDICAL HOU	4,099	WIRE TRANSFER			
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 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

3 Enter total number of other organizations or entities 1

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

(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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV 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 the Instructions for Form 926)* Yes 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes 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 the Instructions for Form 5471)* Yes 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 the Instructions for Form 8621)* Yes 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 the Instructions for Form 8865)* Yes 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 the instructions for Form 5713; don't file with Form 990)* Yes No

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.

01. Use of grant monitoring procedures (Part I, line 2)

ALL GRANT FUNDS ARE EITHER REIMBURSEMENTS FOR PREVIOUS EXPENDITURES OR ADVANCES FOR WHICH

RECEIPTS ARE REQUIRED AS FUNDS ARE USED

Multiple horizontal lines for providing supplemental information.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2023

Open to Public Inspection

Name of the organization

RED OAK HOPE

Employer identification number

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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		2023 GALA (event type)	SHE RISES (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	267,549	41,103	308,652
	2	Less: Contributions	103,850	27,349	131,199
	3	Gross income (line 1 minus line 2)	163,699	13,754	177,453
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	20,270		20,270
	6	Rent/facility costs	4,002	5,150	9,152
	7	Food and beverages	12,158	3,580	15,738
	8	Entertainment	1,000		1,000
	9	Other direct expenses	30,287	4,732	35,019
	10	Direct expense summary. Add lines 4 through 9 in column (d)			81,179
11	Net income summary. Subtract line 10 from line 3, column (d)			96,274	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

- 9 Enter the state(s) in which the organization conducts gaming activities: _____
- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b If "No," explain: _____
- _____
- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b If "Yes," explain: _____
- _____

**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

2023

**Open to Public
Inspection**

Name of the organization

Employer identification number

82-2014196

RED OAK HOPE

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 criteria used to award the grants or assistance? Yes 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 3 Enter total number of other organizations listed in the line 1 table _____

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SHELTER AND HOUSING STIPENDS	15	889	119,168	BOOK	RESIDENTIAL HOUSING PROVIDED BY RED OAK HOPE
2 CASE MANAGEMENT	25		56,611	BOOK	PROGRAM COSTS DELIVERED IN GROUP SETTING
3 MEDICAL	20	406	26,356	BOOK	PAID BY ORGANIZATION ON BEHALF OF INDIVIDUALS
4 FOOD, STIPENDS AND MISCELLANEOUS ASSISTANCE	15	18,735	5,830	BOOK	MEALS AND DIRECT FOOD PURCHASES
5 TRANSPORTATION EXPENSES	25	2,945	9,937	BOOK	PAID BY ORGANIZATION
6 VOCATIONAL	3	803	8,667	BOOK	PAID BY ORGANIZATION ON BEHALF OF INDIVIDUALS
7					

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

01. Monitoring procedures (Part I, line 2)

ALL DIRECT CASH AND INDIRECT SUPPORT IS REVIEWED BY THE SUPERVISING MANAGER(S), THE CEO, AND THE CONTRACT BOOKKEEPER TO

ENSURE ALL EXPENDURES ARE IN ACCORDANCE WITH RED OAK HOPE STANDARD OPERATING PROCEDURES.

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2023

Attach to Form 990 or Form 990-EZ.

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

RED OAK HOPE

Employer identification number

82-2014196

01. 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

02. 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.

03. 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.

04. 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 EMPLOYEES OF THE ORGANIZATION.

05. Governing documents, etc, available to public (Part VI, line 19)

NO GOVERNING DOCUMENTS HAVE BEEN MADE AVAILABLE TO GENERAL PUBLIC.

06. 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.