

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning** 2019, and ending 2019

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

**C** **GIVING HOPE INC.**  
13040 I-10 SERVICE RD  
NEW ORLEANS, LA 70128

**D Employer identification number**  
46-3449360

**E Telephone number**  
(504) 940-1578

**F Name and address of principal officer:** TROY DUHON

**G Gross receipts \$** 12,007,732.

**H(a)** Is this a group return for subsidiaries?  Yes  No

**H(b)** Are all subsidiaries included?  Yes  No  
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) (insert no.) 4947(a)(1) or 527

**J Website:** ▶ GIVINGHOPENOLA.ORG

**K Form of organization:**  Corporation  Trust  Association  Other ▶

**L Year of formation:** 2013 **M State of legal domicile:** LA

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>GIVING HOPE EXISTS TO BRING GLORY TO GOD AND TO PROMOTE HUMAN DIGNITY BY ALLEVIATING THE SUFFERING OF UNDERSERVED INDIVIDUALS AND FAMILIES BY PROVIDING THEM FOOD, CLOTHING, SHELTER, FREEDOM, AND TRUE TO OUR NAME, GIVING HOPE.</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a) .....	3 7		
	4 Number of independent voting members of the governing body (Part VI, line 1b) .....	4 3		
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) .....	5 23		
	6 Total number of volunteers (estimate if necessary) .....	6 175		
	7a Total unrelated business revenue from Part VIII, column (C), line 12 .....	7a 0.		
b Net unrelated business taxable income from Form 990-T, line 39 .....	7b 0.			
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h) .....	Prior Year 4,647,836.	Current Year 11,461,382.	
	9 Program service revenue (Part VIII, line 2g) .....			
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....			
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	26,535.	246,834.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	4,674,371.	11,708,216.	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	3,716,569.	6,678,158.	
	14 Benefits paid to or for members (Part IX, column (A), line 4) .....			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	427,278.	507,325.	
	16a Professional fundraising fees (Part IX, column (A), line 11e) .....			
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 24,759.			
<b>Expenses</b>	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	509,891.	728,898.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	4,653,738.	7,914,381.	
	19 Revenue less expenses. Subtract line 18 from line 12 .....	20,633.	3,793,835.	
	<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16) .....	Beginning of Current Year 669,462.	End of Year 4,594,702.
		21 Total liabilities (Part X, line 26) .....	85,321.	216,726.
		22 Net assets or fund balances. Subtract line 21 from line 20 .....	584,141.	4,377,976.

**Part II Signature Block**

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

**Sign Here** ▶ Signature of officer TROY DUHON Date 11-17-2020

President

**Paid Preparer Use Only**

Print/Type preparer's name TONY W. DYESS, CPA Preparer's signature TONY W. DYESS, CPA Date 11/16/2020 Check  if self-employed PTIN P00161017

Firm's name ▶ Dyess & Associates, APAC Firm's EIN ▶ 72-1227981

Firm's address ▶ 851 PARK AVENUE Phone no. (985) 624-5544  
MANDEVILLE, LA 70448

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No