

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2022**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

**Open to Public Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2022 calendar year, or tax year beginning 07/01/22, and ending 06/30/23**

<b>B</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	<b>C</b> Name of organization <p style="text-align: center;"><b>HOPE 101 MINISTRY INC.</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;"><b>428 W NEWAYGO DR</b></p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;"><b>WHITE CLOUD MI 49349</b></p>	<b>D</b> Employer identification number <p style="text-align: center;"><b>82-1095189</b></p> <b>E</b> Telephone number <p style="text-align: center;"><b>231-349-6624</b></p> <b>G</b> Gross receipts \$ <b>97,564</b>
<b>F</b> Name and address of principal officer: <p style="text-align: center;"><b>KAREN NOTTELMANN</b>  <b>5569 FRONT S</b>  <b>NEWAYGO MI 49337</b></p>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> 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		<b>H(c)</b> Group exemption number
<b>J</b> Website: <b>WWW.HOPE101MINISTRY.COM</b>		<b>L</b> Year of formation: <b>2017</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>M</b> State of legal domicile:

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE SAFE, LOVING HOMES, OFFERING CHRISTIAN SUPPORT, FRIENDSHIP, AND DIRECTION TO EMPOWER PARTICIPANTS TO REACH BEYOND THEIR CIRCUMSTANCES TO A PLACE OF STABILITY AND SELF-SUFFICIENCY.</b>		
	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	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	3
	6	Total number of volunteers (estimate if necessary)	6	20
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	84,740	93,905
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	147	753
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,579	2,906
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	95,466	97,564
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	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)		0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25)	0	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	86,515	83,333	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	86,515	83,333	
19	Revenue less expenses. Subtract line 18 from line 12	8,951	14,231	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	241,231	257,235
	22	Net assets or fund balances. Subtract line 21 from line 20	0	1,773
			241,231	255,462

**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.

<b>Sign Here</b>	Signature of officer <b>KAREN NOTTELMANN</b>	Date	
	Type or print name and title <b>CHAIRPERSON</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CHAD APPOLD</b>	Preparer's signature <b>CHAD APPOLD</b>	Date <b>11/08/23</b>
	Firm's name <b>H&amp;S COMPANIES, P.C.</b>	Firm's EIN <b>38-2563599</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P01209045</b>
	Firm's address <b>P.O. BOX 9 FREMONT, MI 49412</b>	Phone no. <b>231-924-6890</b>	

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

For Paperwork Reduction Act Notice, see the separate instructions.