

# Commonwealth Tax

3092 Brickhouse Ct  
Virginia Beach, VA 23452  
info@ctaxva.com  
Phone: (757)200-1040 | Fax: (757)216-3887

May 09, 2023

Eliza Hope Foundation  
4924 Kemps Lake Dr  
Virginia Beach, VA 23462

Subject: Preparation of 2022 Tax Returns

Eliza Hope Foundation:

1. Thank you for choosing Commonwealth Tax to assist with the 2022 tax return for Eliza Hope Foundation. We are pleased to confirm our understanding of the arrangements for your 2022 **Federal Form 990 income tax returns** for Eliza Hope Foundation. This letter confirms the services you have asked our firm to perform and the terms under which we agree to do that work. Please read this letter carefully because it is important to both us and you that you understand what you can and cannot expect from our work. In other words, we want you to know the limitations of the services you have asked us to perform. If you are confused at all by this letter or believe we have misunderstood what you need, please call to discuss this letter before you sign it.

2. This engagement letter represents the entire agreement regarding the services described herein and supersedes all prior negotiations, proposals, representations or agreements, written or oral, regarding these services. It shall be binding on the heirs, successors and assigns of you and us. If any provision of this agreement is declared invalid or unenforceable, no other provision of this agreement is affected and all other provisions remain in full force and effect. The Internal Revenue Service imposes penalties on taxpayers and on us as return preparers for failure to observe due care in preparing income tax returns. In order to ensure an understanding of our mutual responsibilities, we require all clients to confirm the following arrangements:

## Tax Preparer Responsibilities

3. We will prepare your Federal return specifically listed above from information you provide to us. We will not audit, review, compile, or otherwise verify the data you submit although we may ask you to clarify some of the information. We may furnish you with tax organizers and questionnaires to help you gather and organize the necessary information for us, in order to keep our fee to a minimum, but *it is your responsibility to provide us with all items of information required to prepare your return regardless of whether or not we have specifically asked for them*. To the extent we render any accounting and/or bookkeeping assistance, including (but not limited to) telephone calls, letters, emails and 3<sup>rd</sup> party consultations it will be limited to those tasks we deem necessary for preparation of the returns and will be billed at our standard billing rates.

4. We are responsible for preparing only the return specifically listed in this letter. Our fee to prepare a federal tax return will be based upon our fee per form schedule plus any hourly charges incurred as discussed above. If you have taxable activity, you may be required to file an additional tax return not covered by this engagement letter. If you wish us to prepare such additional returns you are responsible for providing us with all the information necessary to prepare those additional income tax returns and for signing an additional, separate engagement letter. **Our services are not intended to determine whether you have filing requirements in taxing jurisdictions other than the one(s) you specified above.** We are not responsible for returns prepared by other preparers.

## Taxpayer Responsibilities

5. Please note that any person or entity subject to the jurisdiction of the United States (includes individuals, corporations, partnerships, trusts, and estates) having a financial interest in, or signature or other authority over, bank accounts,

securities, or other financial accounts having an aggregate value exceeding \$10,000 in foreign countries, shall report such a relationship. Although there are some limited exceptions, filing requirements also apply to taxpayers that have direct or indirect control over a foreign or domestic entity with foreign financial accounts, even if the taxpayer does not have foreign account(s). For example, a corporate-owned foreign account would require filings by the corporation and by the individual corporate officers with signature authority. Failure to disclose the required information to the U.S. Department of the Treasury may result in substantial civil and/or criminal penalties. *If you do not provide our firm with information regarding any interest you may have in a foreign account, we will not be able to prepare any of the required Income Tax related forms, and penalties may be due, for which we have no responsibility. In the absence of such information being provided we will presume you do not have any foreign assets or financial interests and will not file any applicable disclosure forms without separate written authorization.*

6. If you and/or your entity have a financial interest in any foreign accounts, you are also responsible for filing Form FinCen 114 required by the U.S. Department of the Treasury on or before April 15th of each tax year. **We do NOT prepare or file this form on your behalf.** If you have any questions about your possible foreign assets reporting requirements, please ask us to review.

7. In addition, currently the Internal Revenue Service, under IRC §6038 and §6046, requires information reporting if you are an officer, director or shareholder with respect to certain foreign corporations (Form 5471); foreign-owned U.S. corporation or foreign corporation engaged in a U.S. trade or business (Form 5472); U.S. transferor of property to a foreign corporation (Form 926 ); and, for taxable years beginning after March 18, 2011, if you hold foreign financial assets with an aggregate value exceeding \$50,000 (Form 8938) Therefore, if you fall into one of the above categories **you** may be required to file one of the above listed forms. Failure to timely file may result in substantial monetary penalties. By your signature below, you accept responsibility for informing us if you believe that you fall into one of the above categories and you agree to provide us with the information necessary to prepare the appropriate form(s). We assume no liability for penalties associated with the failure to file or untimely filing of any of these forms.

8. You acknowledge that you have reported all 2019 income you received including barter, crypto-currency, consumer-to-consumer activity, cash based revenues and all other income whether received in-person, in-kind, or electronically. US citizens are required to report all income received, worldwide on their US tax return. You also confirm that you have or will timely file any applicable Forms W-2 and W-3 with the Social Security Administration.

### **Other Items**

9. Our fee does not include responding to inquires or examination by taxing authorities or third parties, *for which you will be separately billed for time and expenses involved.* At our option, we may provide limited assistance to respond to inquiries by taxing authorities regarding a return we prepared if you promptly provide us complete copies of all correspondence from the taxing authority regarding such return. Some responses may require assistance beyond the scope of this engagement for which you will be separately billed for time and expenses involved. We are unable to represent you in an examination, but we are available to assist you in preparing for an examination for a fee at a specified rate that would be covered by a separate engagement.

10. It is your responsibility to maintain, in your records, the documentation necessary to support the data used in preparing your tax returns, including but not limited to the auto, travel, entertainment, and related expenses and the required documents to support income and expenses for three years from the filing date. If you have any questions as to the type of records required, please ask us for advice in that regard. It is also your responsibility to carefully examine and approve your completed tax returns *before signing and mailing them to the tax authorities.* We are not responsible for the disallowance of doubtful deductions or inadequately supported documentation, nor for resulting taxes, penalties and interest. We will rely, without further verification, upon information you provide to us from 3<sup>rd</sup> parties including, but not limited to, K1's, 1099's, 1098's, and receipts and similar items.

11. It is your responsibility to notify us in writing if you wish us to request an extension. The notification should include your estimate of any tax balance due which you should pay with the extension request. We are NOT responsible to automatically request tax return extensions. Failure to file an extension may make you subject to penalties and interest if your return is filed after the due date. Extending your return does not relieve you of responsibility to pay the tax due by the original due date, nor to pay quarterly estimated tax payments for the subsequent tax year. Failure to pay the tax

due with the extension or failure to pay quarterly estimated tax payments may make you subject to penalties and interest.

12. We will use our professional judgment in preparing your return. Whenever we are aware that the tax law is unclear or that there are conflicting interpretations of the law by tax authorities or courts, we will explain the possible positions that may be taken by you. We will adopt whatever position you request on your return so long as it is consistent with the codes, regulations, and interpretations that have been promulgated. If the Internal Revenue Service or other taxing authority should later contest the position taken, there may be an assessment of additional tax plus interest and penalty. We assume no liability for any such additional penalties or assessments.

13. It is our policy to keep electronic records related to this engagement for three years after which they are destroyed. We do not retain any original client records; we return those to you at the completion of the services rendered under this engagement. When records are returned to you, it is your responsibility to retain and protect your records for at least three years for possible future use, including potential examination by government or regulatory agencies.

14. Privacy regulations established by the IRS prohibit us from providing copies of your tax return or tax information to anyone other than you without your specific, written authorization. To comply with these regulations, we provide information only to you. We may provide copies of returns to you in a secure web portal as discussed below. In the interest of maintaining service quality and timeliness, we may use a 3<sup>rd</sup> party service provider to assist us in the use of technology to facilitate compliance with disclosure and storage of your tax information. We and the 3<sup>rd</sup> party provider have established written procedures and controls designed to protect client confidentiality and maintain data security.

15. If we are asked to disclose any privileged information, unless we are required by law to disclose it, we will not provide such disclosure until you have had an opportunity to argue that the communication is privileged. You agree to pay any and all reasonable expenses we incur, including legal fees, that are a result of attempts to protect any communication as privileged. In addition, your confidentiality privilege can be inadvertently waived if you discuss the contents of such privileged communication with a third party, such as a lending institution, a friend, or a business associate. We recommend you contact us before releasing information to a third party. In order to protect your identity we may verify your ID, birthdate, and social security number when you call or visit our office.

16. From time to time various third parties may request we attest to or verify income, employment or tax filing status for you. Because we were engaged only to prepare your income tax return -- without examination, review, audit or verification -- our insurance carriers as well as the state board of accountancy prohibit us from signing any such document. We suggest you advise third parties to submit IRS Form-4506 "Request For Tax Return" to the IRS to obtain such verification.

17. In the interest of facilitating our services to you, we may communicate by facsimile transmission, send electronic mail over the internet and utilize a secure web portal. Your use of this portal must comply with our standards of use, and as owners of the portal we retain the right to limit and deny use of the portal for inappropriate purposes. Your access to files maintained on the portal will be terminated no later than 30 days after your or our termination of services under this agreement. The portal will be password protected. Such communications may include information that is confidential to you or your company. While we will use our best efforts to keep such communications secure in accordance with our obligations under applicable laws and professional standards, you recognize and accept that we have no control over the unauthorized interception of these communications once they have been sent and consent to our use of these electronic services during this engagement at your own risk. We specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure of emails transmitted by us in connection with the performance of this engagement. In that regard, you agree that we shall have no liability for any loss or damage to any person or entity resulting from the use of email transmissions, including any consequential, incidental, direct, indirect, or special damages, such as loss of revenues or anticipated profits, or disclosure or communication of confidential or proprietary information.

18. This letter is a contract between us to *prepare* your tax return. *Our fee is for the preparation of your return regardless of whether or not you choose to file it.* Invoices are due and payable upon presentation and billings become delinquent if not paid within 30 days of the invoice date. If you are delinquent in payment your account may be

subjected to collection actions and you will become additionally responsible for collection, legal, administrative, court and any other fees incurred by us in collecting your delinquent account. If billings are not paid within 60 days of the invoice date, at our election, we may stop all work at our discretion until your account is brought current, or we may withdraw from this engagement. You acknowledge and agree that we are not required to e-file or provide copies of returns until the associated invoice is paid nor continue work in the event you fail to pay on a timely basis for services rendered as required by this or other engagement letters. You further acknowledge and agree that in the event we stop work or withdraw from this engagement as a result of your failure to pay on a timely basis, we shall not be liable to you for any damages that occur as a result of our ceasing to render services. You will also be responsible for any legal fees incurred by us in the event that our firm seeks payment through legal action or collection services. Our services will conclude once we provide your completed return to you or upon our suspension of services or resignation from this engagement.

19. In recognition of the relative risks and benefits of this agreement to both you the client and to us the firm, the client and the firm have discussed and agreed on the fair allocation of risk between them. As such, the client agrees, to the fullest extent permitted by law, to limit the liability of the firm to the client for any and all claims, losses, costs, and damages of any nature whatsoever, so that the total aggregate liability of the firm to the client shall not exceed the firm's total fee received for services rendered under this agreement. The client and firm intend and agree that this limitation apply to any and all liability or cause of action against the firm, however alleged or arising, unless otherwise prohibited by law. Both parties agree there is a one-year limitation period to bring a claim against us for errors and omissions. The one-year period will begin upon the date the tax professional advises the client that the return is completed for the client to collect.

20. Client shall be responsible for all costs and attorney's fees incurred by us necessary to pursue a breach of any of the terms, conditions, or covenants herein, whether at law or equity.

21. Notwithstanding anything contained herein, both accountant and client agree that regardless of where the client is domiciled and regardless of where this Agreement is physically signed, this Agreement shall have been deemed to have been entered into at Accountant's office located in Virginia Beach, Virginia, USA, and Virginia Beach, Virginia, USA, shall be the exclusive jurisdiction for resolving disputes related to this Agreement. This Agreement shall be interpreted and governed in accordance with the Laws of Virginia.

22. We appreciate the opportunity to serve you. Please date and sign this letter to acknowledge your agreement with and acceptance of your responsibilities and the terms of this engagement. It is our policy to initiate services after we receive the executed engagement letter. If any provision of this agreement is declared invalid or unenforceable, no other provision of this agreement is affected and all other provisions remain in full force and effect.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at (757)200-1040.

Sincerely,

Bernadette Vaughan RTRP  
Commonwealth Tax

Accepted By:

---

Officer

---

Date

**IRS e-file Signature Authorization for a Tax Exempt Entity**

For calendar year 2022, or fiscal year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20

**2022**

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**

Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

EIN or SSN

**Eliza Hope Foundation**

**81-4809516**

Name and title of officer or person subject to tax

**Aimee Darby, President**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

|   |   |                          |
|---|---|--------------------------|
| <b>1a</b> Form 990 check here . . . . . <input checked="" type="checkbox"/> | <b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .    | <b>1b</b> <u>394,816</u> |
| <b>2a</b> Form 990-EZ check here . . . . . <input type="checkbox"/>         | <b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .                         | <b>2b</b> _____          |
| <b>3a</b> Form 1120-POL check here . . . . . <input type="checkbox"/>       | <b>b Total tax</b> (Form 1120-POL, line 22) . . . . .                                   | <b>3b</b> _____          |
| <b>4a</b> Form 990-PF check here . . . . . <input type="checkbox"/>         | <b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5). . . . .          | <b>4b</b> _____          |
| <b>5a</b> Form 8868 check here . . . . . <input type="checkbox"/>           | <b>b Balance due</b> (Form 8868, line 3c). . . . .                                      | <b>5b</b> _____          |
| <b>6a</b> Form 990-T check here . . . . . <input type="checkbox"/>          | <b>b Total tax</b> (Form 990-T, Part III, line 4) . . . . .                             | <b>6b</b> _____          |
| <b>7a</b> Form 4720 check here . . . . . <input type="checkbox"/>           | <b>b Total tax</b> (Form 4720, Part III, line 1). . . . .                               | <b>7b</b> _____          |
| <b>8a</b> Form 5227 check here . . . . . <input type="checkbox"/>           | <b>b FMV of assets at end of tax year</b> (Form 5227, Item D) . . . . .                 | <b>8b</b> _____          |
| <b>9a</b> Form 5330 check here . . . . . <input type="checkbox"/>           | <b>b Tax due</b> (Form 5330, Part II, line 19). . . . .                                 | <b>9b</b> _____          |
| <b>10a</b> Form 8038-CP check here . . . . . <input type="checkbox"/>       | <b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22) . . . . . | <b>10b</b> _____         |

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize Commonwealth Tax to enter my PIN 09516 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_

Date \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

549746 56650

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Bernadette Vaughan RTRP

Date \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

# Commonwealth Tax

3092 Brickhouse Ct  
 Virginia Beach, VA 23452  
 info@ctaxva.com  
 Phone: (757)200-1040 | Fax: (757)216-3887

| Customer Name   | Customer Information |               |
|---|----------------------|---------------|
| Eliza Hope Foundation<br>4924 Kemps Lake Dr<br>Virginia Beach, VA 23462 | Invoice #:           |               |
|   | Date:                | May 09, 2023  |
|   | Phone:               | (757)761-4673 |
|   | E-mail:              |               |

For professional services rendered in connection with the preparation of your 2022 exempt organization tax return.

| Description                           | Fee    |
|---------------------------------------|--------|
| <b>Federal And Supplemental Forms</b> |        |
| Form 990                              | 750.00 |
| Form 990 pg 2                         |        |
| Form 990 pg 3                         |        |
| Form 990 pg 4                         |        |
| Form 990 pg 5                         |        |
| Form 990 pg 6                         |        |
| Form 990 pg 7                         |        |
| Form 990 pg 8                         |        |
| Form 990 pg 9                         |        |
| Form 990 pg 10                        |        |
| Form 990 pg 11                        |        |
| Form 990 pg 12                        |        |
| Schedule A                            |        |
| Schedule A pg 2                       |        |
| Schedule A pg 3                       |        |
| Schedule A pg 4                       |        |
| Schedule A pg 5                       |        |
| Schedule A pg 6                       |        |
| Schedule A pg 7                       |        |
| Schedule A pg 8                       |        |
| Schedule B                            |        |
| Schedule B pg 2                       |        |
| Schedule B pg 2                       |        |
| Schedule D                            |        |
| Schedule D pg 2                       |        |
| Schedule D pg 3                       |        |
| Schedule D pg 4                       |        |
| Schedule G                            |        |
| Schedule G pg 2                       |        |
| Schedule O                            |        |
| Form 4562                             | 25.00  |
| Form 8879-TE                          |        |
| DEPR - Fed Schedule                   |        |

|                     |                               |  |
|---------------------|-------------------------------|--|
| DEPR - Fed Schedule | Federal Depreciation Schedule |  |
|---------------------|-------------------------------|--|

|                    |           |                          |               |
|--------------------|-----------|--------------------------|---------------|
| <b>Total Forms</b> | <b>34</b> | <b>Forms Subtotal</b>    | <b>775.00</b> |
|                    |           | <b>Total Balance Due</b> | <b>775.00</b> |

Payment due upon receipt. Please makes checks payable to "COMMONWEALTH TAX". Thank you for your business!

# Commonwealth Tax

3092 Brickhouse Ct  
Virginia Beach, VA 23452  
info@ctaxva.com  
Phone: (757)200-1040 | Fax: (757)216-3887

May 09, 2023

Eliza Hope Foundation  
4924 Kemps Lake Dr  
Virginia Beach, VA 23462

Eliza Hope Foundation:

Enclosed is the 2022 federal return for a tax-exempt organization, prepared for Eliza Hope Foundation from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization and your tax preparation fee has been paid.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (757)200-1040.

Sincerely,

Bernadette Vaughan RTRP  
Commonwealth Tax



# Commonwealth Tax

3092 Brickhouse Ct  
Virginia Beach, VA 23452  
info@ctaxva.com  
Phone: (757)200-1040 | Fax: (757)216-3887

May 09, 2023

Eliza Hope Foundation  
4924 Kemps Lake Dr  
Virginia Beach, VA 23462

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- \* Interviews regarding your tax situation
- \* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- \* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (757)200-1040.

Sincerely,

Bernadette Vaughan RTRP  
Commonwealth Tax

# Return of Organization Exempt From Income Tax

## 2022

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

Department of the Treasury  
Internal Revenue Service

**A** For the **2022** calendar year, or tax year beginning , **2022**, and ending , **20**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **Eliza Hope Foundation**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**4924 Kemps Lake Dr**  
 City or town, state or province, country, and ZIP or foreign postal code  
**Virginia Beach, VA 23462**

**D** Employer identification number  
**81-4809516**

**E** Telephone number  
**(757) 761-4673**

**F** Name and address of principal officer: **Aimee Darby**  
**4924 Kemps Lake Dr Virginia Beach VA 23462**

**G** Gross receipts  
 \$ **516,438**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates 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: **N/A**

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

**L** Year of formation: **2017** **M** State of legal domicile: **VA**

### Part I Summary

|   |  |                  |                 |
|---|--|------------------|-----------------|
| Activities & Governance   | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>To provide educational support for children and families who are living with Autism Spectrum disorders in the Hampton Roads area and beyond.</b> |                  |                 |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |                  |                 |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>         | <b>9</b>        |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>         | <b>8</b>        |
|   | <b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)  | <b>5</b>         | <b>3</b>        |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>         |                 |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>        | <b>0</b>        |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 | <b>7b</b>  | <b>0</b>         |                 |
| Revenue   | <b>8</b> Contributions and grants (Part VIII, line 1h)   | <b>484,478</b>   | <b>436,631</b>  |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  |                  | <b>0</b>        |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>5</b>         | <b>8,063</b>    |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>(114,221)</b> | <b>(49,878)</b> |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>370,262</b>   | <b>394,816</b>  |
| Expenses  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | <b>7,975</b>     | <b>11,970</b>   |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  |                  | <b>0</b>        |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | <b>164,582</b>   | <b>179,209</b>  |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   |                  | <b>0</b>        |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)   | <b>118,942</b>   |                 |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | <b>78,848</b>    | <b>125,167</b>  |
|   | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | <b>251,405</b>   | <b>316,346</b>  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                  | <b>118,857</b>   | <b>78,470</b>    |                 |
| Net Assets or Fund Balances   | <b>20</b> Total assets (Part X, line 16)   | <b>245,713</b>   | <b>324,309</b>  |
|   | <b>21</b> Total liabilities (Part X, line 26)  | <b>111</b>       | <b>237</b>      |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | <b>245,602</b>   | <b>324,072</b>  |

### 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**

**Aimee Darby**  
Signature of officer

**Aimee Darby, President**  
Type or print name and title

Date

**Paid Preparer Use Only**

Print/Type preparer's name: **Bernadette Vaughan RTRP** Preparer's signature: **Bernadette Vaughan RTRP** Date: \_\_\_\_\_ Check  if self-employed PTIN: **P00532478**

Firm's name: **Commonwealth Tax** Firm's EIN: \_\_\_\_\_  
 Firm's address: **3092 Brickhouse Ct** Phone no.: **757-200-1040**  
**Virginia Beach VA 23452**

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

For Paperwork Reduction Act Notice, see the separate instructions.

**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:  
**To provide educational support for children and families who are living with Autism Spectrum disorders in the Hampton Roads area and beyond.**

**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 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 \$ 133,671 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**To provide educational support for children and families who are living with Autism Spectrum disorders in the Hampton Roads area and beyond.**

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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

**4e** Total program service expenses 133,671

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 reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various IRS requirements.

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 ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding.

| 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  |     | 3  |  |   |
| 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 _____<br>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  |     |    |  |   |
| 7  | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |     |    |  |   |
| 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  |     |    |  | X |
| h  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .   | 7h  |     |    |  | X |
| 8  | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .   | 8   |     |    |  | X |
| 9  | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |     |    |  |   |
| a  | Did the sponsoring organization make any taxable distributions under section 4966? . . . . .   | 9a  |     |    |  | X |
| b  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .  | 9b  |     |    |  | X |
| 10   | <b>Section 501(c)(7) organizations.</b> 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   | <b>Section 501(c)(12) organizations.</b> 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  | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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   | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |     |    |  |   |
| a  | Is the organization licensed to issue qualified health plans in more than one state? . . . . .<br><b>Note:</b> 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? . . . . .<br>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? . . . . .<br>If "Yes," complete Form 4720, Schedule O.   | 16  |     |    |  | X |
| 17   | <b>Section 501(c)(21) organizations.</b> 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? . . . . .<br>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 in 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, 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, 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
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.

Aimee Darby (757)761-4673, 4924 Kemps Lake Dr, Virginia Beach, VA 23462

**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)<br>Name and title               | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) Gabrielle Renfrew<br>Director   |  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (2) Natasha Srirman, Dr<br>Director | 1.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (3) Riya Thorson<br>Director        |  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (4) Sawsan Hamden<br>Director       |  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (5) Michael Denk, Dr<br>Director    | 1.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (6) Sarah Chagnon, Dr<br>Director   | 1.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (7) Omar Aboulhosn<br>Treasurer     | 1.00   | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (8) Aimee Darby<br>President        | 20.00  |   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (9)                                 |  |   |                       |         |              |                              |        |   |  |   |
| (10)                                |  |   |                       |         |              |                              |        |   |  |   |
| (11)                                |  |   |                       |         |              |                              |        |   |  |   |
| (12)                                |  |   |                       |         |              |                              |        |   |  |   |
| (13)                                |  |   |                       |         |              |                              |        |   |  |   |
| (14)                                |  |   |                       |         |              |                              |        |   |  |   |



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

| (A)<br>Name and title  | (B)<br>Average hours per week per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) -----   |   |   |                       |         |              |                              |        |   |  |   |
| <b>1b Subtotal</b> . . . . .   |   |   |                       |         |              |                              |        |   |  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |   |   |                       |         |              |                              |        |   |  |   |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |   |   |                       |         |              |                              | 0      | 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 |
|---|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i> . . . . .  |     | X  |
| <b>4</b> 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  |
| <b>5</b> 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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |  |
|---|---|---|----------------------|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a  | Federated campaigns . . . . .   | 1a                   |  |                                      |   |  |
|   | b   | Membership dues . . . . .   | 1b                   |  |                                      |   |  |
|   | c   | Fundraising events . . . . .  | 1c                   | 124,720                                      |                                      |   |  |
|   | d   | Related organizations . . . . .   | 1d                   |  |                                      |   |  |
|   | e   | Government grants (contributions) . .   | 1e                   | 22,000                                       |                                      |   |  |
|   | f   | All other contributions, gifts, grants,<br>and similar amounts not included above         | 1f                   | 289,911                                      |                                      |   |  |
|   | g   | Noncash contributions included in<br>lines 1a-1f . . . . .                                | 1g                   | \$   |                                      |   |  |
|   | h   | <b>Total.</b> Add lines 1a-1f . . . . .   |                      | 436,631                                      |                                      |   |  |
| Program Service<br>Revenue                                | 2a  | _____   | Business Code        |  |                                      |   |  |
|   | b   | _____   |                      |  |                                      |   |  |
|   | c   | _____   |                      |  |                                      |   |  |
|   | d   | _____   |                      |  |                                      |   |  |
|   | e   | _____   |                      |  |                                      |   |  |
|   | f   | All other program service revenue . . . . .   |                      |  |                                      |   |  |
|   | g   | <b>Total.</b> Add lines 2a-2f . . . . .   |                      |  |                                      |   |  |
| Other Revenue   | 3   | Investment income (including dividends, interest, and<br>other similar amounts) . . . . . |                      | 8,063  | 8,063                                |   |  |
|   | 4   | Income from investment of tax-exempt bond proceeds . . . . .                              |                      |  |                                      |   |  |
|   | 5   | Royalties . . . . .   |                      |  |                                      |   |  |
|   | 6a  | Gross rents . . . . .   | 6a                   | (i) Real                                     | 71,744                               |   |  |
|   |   |   |                      | (ii) Personal                                |                                      |   |  |
|   |   |   |                      |  |                                      |   |  |
|   | b   | Less: rental expenses . . . . .   | 6b                   | 121,622                                      |                                      |   |  |
|   | c   | Rental income or (loss) . . . . .   | 6c                   | (49,878)                                     |                                      |   |  |
|   | d   | Net rental income or (loss) . . . . .   |                      | (49,878)                                     | (49,878)                             |   |  |
|   | 7a  | Gross amount from<br>sales of assets<br>other than inventory                              | 7a                   | (i) Securities                               |                                      |   |  |
|   |   |   |                      | (ii) Other                                   |                                      |   |  |
|   |   |   |                      |  |                                      |   |  |
|   | b   | Less: cost or other basis<br>and sales expenses . . . . .                                 | 7b                   |  |                                      |   |  |
|   | c   | Gain or (loss) . . . . .  | 7c                   |  |                                      |   |  |
| d   | Net gain or (loss) . . . . .  |   |                      |  |                                      |   |  |
| 8a  | Gross income from fundraising<br>events (not including \$ 124,720<br>of contributions reported on line<br>1c). See Part IV, line 18 . . . . . | 8a  |                      |  |                                      |   |  |
|   |   |   |                      |  |                                      |   |  |
|   |   |   |                      |  |                                      |   |  |
| b   | Less: direct expenses . . . . .   | 8b  |                      |  |                                      |   |  |
| c   | Net income or (loss) from fundraising events . . . . .  |   |                      |  |                                      |   |  |
| 9a  | Gross income from gaming<br>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<br>returns and allowances . . . . .  | 10a   |                      |  |                                      |   |  |
|   |   |   |                      |  |                                      |   |  |
|   |   |   |                      |  |                                      |   |  |
| b   | Less: cost of goods sold . . . . .  | 10b   |                      |  |                                      |   |  |
| c   | Net income or (loss) from sales of inventory . . . . .  |   |                      |  |                                      |   |  |
| Miscellaneous<br>Revenue                                  | 11a   | _____   | Business Code        |  |                                      |   |  |
|   | b   | _____   |                      |  |                                      |   |  |
|   | c   | _____   |                      |  |                                      |   |  |
|   | d   | All other revenue . . . . .   |                      |  |                                      |   |  |
|   | e   | <b>Total.</b> Add lines 11a-11d . . . . .   |                      |  |                                      |   |  |
| 12  | <b>Total revenue.</b> See instructions . . . . .  |   | 394,816              | (41,815)                                     | 0                                    | 0   |  |

**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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b> |   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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 . . . . .   | 11,970                | 11,970                          |  |                             |
| 3   | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . .  |                       |                                 |  |                             |
| 4   | Benefits paid to or for members . . . . .   |                       |                                 |  |                             |
| 5   | Compensation of current officers, directors, trustees, and key employees . . . . .  |                       |                                 |  |                             |
| 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 . . . . .  | 166,357               | 83,692                          | 28,786                                 | 53,879                      |
| 8   | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .  |                       |                                 |  |                             |
| 9   | Other employee benefits . . . . .   |                       |                                 |  |                             |
| 10  | Payroll taxes . . . . .   | 12,852                | 6,461                           | 2,423                                  | 3,968                       |
| 11  | Fees for services (nonemployees):   |                       |                                 |  |                             |
| a   | Management . . . . .  |                       |                                 |  |                             |
| b   | Legal . . . . .   | 2,304                 |                                 | 2,304                                  |                             |
| c   | Accounting . . . . .  | 3,037                 |                                 | 3,037                                  |                             |
| d   | Lobbying . . . . .  |                       |                                 |  |                             |
| e   | Professional fundraising services. See Part IV, line 17 .   |                       |                                 |  |                             |
| 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.) . .  | 4,811                 | 100                             |  | 4,711                       |
| 12  | Advertising and promotion . . . . .   | 17,011                | 20                              | 16,586                                 | 405                         |
| 13  | Office expenses . . . . .   | 1,843                 | 96                              | 1,728                                  | 19                          |
| 14  | Information technology . . . . .  |                       |                                 |  |                             |
| 15  | Royalties . . . . .   |                       |                                 |  |                             |
| 16  | Occupancy . . . . .   | 4,145                 | 4,145                           |  |                             |
| 17  | Travel . . . . .  | 510                   |                                 | 510                                    |                             |
| 18  | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                       |                                 |  |                             |
| 19  | Conferences, conventions, and meetings . . . . .  | 1,395                 | 49                              | 1,346                                  |                             |
| 20  | Interest . . . . .  |                       |                                 |  |                             |
| 21  | Payments to affiliates . . . . .  |                       |                                 |  |                             |
| 22  | Depreciation, depletion, and amortization . . . . .   | 3,871                 | 3,528                           | 343                                    |                             |
| 23  | Insurance . . . . .   | 3,938                 |                                 | 3,938                                  |                             |
| 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   | <b>Event Expenses</b>   | 57,360                | 978                             | 474                                    | 55,908                      |
| b   | <b>Program/Center Supplies</b>  | 2,120                 | 310                             | 1,758                                  | 52                          |
| c   | <b>Hope Stars Supplies</b>  | 22,322                | 22,322                          |  |                             |
| d   | <b>Taxes/Licenses</b>   | 500                   |                                 | 500                                    |                             |
| e   | All other expenses _____  |                       |                                 |  |                             |
| 25  | <b>Total functional expenses.</b> Add lines 1 through 24e. .  | 316,346               | 133,671                         | 63,733                                 | 118,942                     |
| 26  | <b>Joint costs.</b> 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)<br>Beginning of year |         | (B)<br>End of year |
|--|--|--------------------------|---------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing   | 183,871                  | 1       | 205,103            |
|  | <b>2</b> Savings and temporary cash investments  | 42,087                   | 2       | 19,987             |
|  | <b>3</b> Pledges and grants receivable, net  |                          | 3       |                    |
|  | <b>4</b> Accounts receivable, net  |                          | 4       |                    |
|  | <b>5</b> 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       |                    |
|  | <b>6</b> 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       |                    |
|  | <b>7</b> Notes and loans receivable, net   |                          | 7       |                    |
|  | <b>8</b> Inventories for sale or use   |                          | 8       |                    |
|  | <b>9</b> Prepaid expenses and deferred charges   | 6,783                    | 9       | 6,303              |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 37,295                   |         |                    |
|  | <b>b</b> Less: accumulated depreciation  | 28,194                   |         |                    |
|  | <b>11</b> Investments - publicly traded securities   |                          | 10c     | 9,101              |
|  | <b>12</b> Investments - other securities. See Part IV, line 11   |                          | 11      | 83,815             |
|  | <b>13</b> Investments - program-related. See Part IV, line 11  |                          | 12      |                    |
|  | <b>14</b> Intangible assets  |                          | 13      |                    |
|  | <b>15</b> Other assets. See Part IV, line 11   |                          | 14      |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) |  | 245,713                  | 15      | 324,309            |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses  | 111                      | 16      | 324,309            |
|  | <b>18</b> Grants payable   |                          | 17      | 237                |
|  | <b>19</b> Deferred revenue   |                          | 18      |                    |
|  | <b>20</b> Tax-exempt bond liabilities  |                          | 19      |                    |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  |                          | 20      |                    |
|  | <b>22</b> 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     |                          | 21      |                    |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties   |                          | 22      |                    |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties   |                          | 23      |                    |
|  | <b>25</b> 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  |                          | 24      |                    |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25  |                          | 111     | 25                 |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>   |                          |         |                    |
|  | <b>27</b> Net assets without donor restrictions  | 245,602                  | 26      | 324,072            |
|  | <b>28</b> Net assets with donor restrictions   |                          | 27      |                    |
|  | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>  |                          |         |                    |
|  | <b>29</b> Capital stock or trust principal, or current funds   |                          | 28      |                    |
|  | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund   |                          | 29      |                    |
|  | <b>31</b> Retained earnings, endowment, accumulated income, or other funds   |                          | 30      |                    |
|  | <b>32</b> Total net assets or fund balances  | 245,602                  | 31      | 324,072            |
| <b>33</b> Total liabilities and net assets/fund balances                   | 245,713  | 32                       | 324,309 |                    |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |         |
|-----------|--|-----------|---------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 394,816 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 316,346 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 78,470  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 245,602 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |         |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |         |
| <b>7</b>  | Investment expenses  | <b>7</b>  |         |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |         |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 0       |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 324,072 |

**Part XII Financial Statements and Reporting**

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

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant? . . . . .<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                           |     | X  |
| <b>c</b>  | 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? . . . . .<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   |     |    |
| <b>3a</b> | 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>b</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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

|  |   |
|--|---|
| <b>Name of the organization</b><br>Eliza Hope Foundation | <b>Employer identification number</b><br>81-4809516 |
|--|---|

**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<br>(described on lines 1-10<br>above (see instructions)) | (iv) Is the organization<br>listed in your governing<br>document? |    | (v) Amount of monetary<br>support (see<br>instructions) | (vi) Amount of<br>other support (see<br>instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .  |          |          |          |          |          |           |
| <b>5</b> 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) . . . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022  | (f) Total |
|--|----------|----------|----------|----------|-----------|-----------|
| <b>7</b> Amounts from line 4 . . . . .   |          |          |          |          |           |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .   |          |          |          |          |           |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .  |          |          |          |          |           |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .  |          |          |          |          |           |           |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |           |           |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .  |          |          |          |          | <b>12</b> |           |
| <b>13 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |           |           |

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .  | <b>14</b> | % |
| <b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .   | <b>15</b> | % |
| <b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>   |           |   |
| <b>b 33 1/3% support test - 2021.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>   |           |   |
| <b>17a 10%-facts-and-circumstances test - 2022.</b> 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 <b>stop here</b> . 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>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 facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/> |           |   |
| <b>18 Private foundation.</b> 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"/>  |           |   |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 115,428  | 122,309  | 103,432  | 322,194  | 311,911  | 975,274   |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   | 106,974  | 155,548  | 211,471  | 233,106  | 124,720  | 831,819   |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .   | 222,402  | 277,857  | 314,903  | 555,300  | 436,631  | 1,807,093 |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . . .  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .  |          |          |          |          |          | 1,807,093 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .   | 222,402  | 277,857  | 314,903  | 555,300  | 436,631  | 1,807,093 |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .   | 13       | 645      | 4        | 5        | 8,063    | 8,730     |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .   |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .   | 13       | 645      | 4        | 5        | 8,063    | 8,730     |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .  |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .   | 222,415  | 278,502  | 314,907  | 555,305  | 444,694  | 1,815,823 |
| <b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |           |         |
|---|-----------|---------|
| <b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . . | <b>15</b> | 99.52 % |
| <b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .                       | <b>16</b> | 0.00 %  |

**Section D. Computation of Investment Income Percentage**

|  |           |        |
|--|-----------|--------|
| <b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) . . . . . | <b>17</b> | 0.00 % |
| <b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 . . . . .                         | <b>18</b> | 0.00 % |

- 19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|     |  | Yes | No |
|-----|--|-----|----|
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>   |     |    |
| 2   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>  |     |    |
| 3a  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| b   | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>  |     |    |
| c   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>   |     |    |
| 4a  | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| b   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>   |     |    |
| c   | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>  |     |    |
| 5a  | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| b   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| c   | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| 6   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 7   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>   |     |    |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>   |     |    |
| 9a  | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| b   | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| c   | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>  |     |    |
| b   | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>  |     |    |

**Part IV Supporting Organizations (continued)**

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described on line 11a above?  |     |    |
| <b>c</b> A 35% controlled entity of a person described on 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>                                   |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>   |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |  |  |
|---|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |  |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |  |  |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>  |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |  |  |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year<br>(optional) |
|---|--|----------------|--------------------------------|
| 1                                       | Net short-term capital gain  | 1              |                                |
| 2                                       | Recoveries of prior-year distributions   | 2              |                                |
| 3                                       | Other gross income (see instructions)  | 3              |                                |
| 4                                       | Add lines 1 through 3.   | 4              |                                |
| 5                                       | Depreciation and depletion   | 5              |                                |
| 6                                       | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                                |
| 7                                       | Other expenses (see instructions)  | 7              |                                |
| 8                                       | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                                |
| <b>Section B - Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year<br>(optional) |
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |                |                                |
| a                                       | Average monthly value of securities  | 1a             |                                |
| b                                       | Average monthly cash balances  | 1b             |                                |
| c                                       | Fair market value of other non-exempt-use assets   | 1c             |                                |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)  | 1d             |                                |
| e                                       | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):   |                |                                |
| 2                                       | Acquisition indebtedness applicable to non-exempt-use assets   | 2              |                                |
| 3                                       | Subtract line 2 from line 1d.  | 3              |                                |
| 4                                       | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).   | 4              |                                |
| 5                                       | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5              |                                |
| 6                                       | Multiply line 5 by 0.035.  | 6              |                                |
| 7                                       | Recoveries of prior-year distributions   | 7              |                                |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | 8              |                                |
| <b>Section C - Distributable Amount</b> |  |                | Current Year                   |
| 1                                       | Adjusted net income for prior year (from Section A, line 8, column A)  | 1              |                                |
| 2                                       | Enter 0.85 of line 1.  | 2              |                                |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, column A)   | 3              |                                |
| 4                                       | Enter greater of line 2 or line 3.   | 4              |                                |
| 5                                       | Income tax imposed in prior year   | 5              |                                |
| 6                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | 6              |                                |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).                                |                |                                |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| Section D - Distributions |  | Current Year |
|---------------------------|--|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes  | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  | 3            |
| 4                         | Amounts paid to acquire exempt-use assets  | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI   | 5            |
| 6                         | Other distributions (describe in Part VI). See instructions.   | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8            |
| 9                         | Distributable amount for 2022 from Section C, line 6   | 9            |
| 10                        | Line 8 amount divided by line 9 amount   | 10           |

| Section E - Distribution Allocations (see instructions) | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2022 | (iii)<br>Distributable<br>Amount for 2022 |
|---|---|--|---|
| 1   | Distributable amount for 2022 from Section C, line 6  |  |   |
| 2   | Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.   |  |   |
| 3   | Excess distributions carryover, if any, to 2022   |  |   |
| a   | From 2017 . . . . .   |  |   |
| b   | From 2018 . . . . .   |  |   |
| c   | From 2019 . . . . .   |  |   |
| d   | From 2020 . . . . .   |  |   |
| e   | From 2021 . . . . .   |  |   |
| f   | <b>Total</b> of lines 3a through 3e   |  |   |
| g   | Applied to underdistributions of prior years  |  |   |
| h   | Applied to 2022 distributable amount  |  |   |
| i   | Carryover from 2017 not applied (see instructions)  |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |  |   |
| 4   | Distributions for 2022 from Section D, line 7: \$   |  |   |
| a   | Applied to underdistributions of prior years  |  |   |
| b   | Applied to 2022 distributable amount  |  |   |
| c   | Remainder. Subtract lines 4a and 4b from line 4.  |  |   |
| 5   | Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |  |   |
| 6   | Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |  |   |
| 7   | <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.   |  |   |
| 8   | Breakdown of line 7:  |  |   |
| a   | Excess from 2018 . . . .  |  |   |
| b   | Excess from 2019 . . . .  |  |   |
| c   | Excess from 2020 . . . .  |  |   |
| d   | Excess from 2021 . . . .  |  |   |
| e   | Excess from 2022 . . . .  |  |   |



Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2022

Table with 2 columns: Name of the organization (Eliza Hope Foundation) and Employer identification number (81-4809516)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 501(c)(3) (enter number) organization, [ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation, [ ] 527 political organization
Form 990-PF: [ ] 501(c)(3) exempt private foundation, [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation, [ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- [ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

|  |   |
|--|---|
| Name of organization<br><b>Eliza Hope Foundation</b> | Employer identification number<br><b>81-4809516</b> |
|--|---|

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 1          | Luke & Stephanie Hillier<br>5000 Ocean Front Ave<br>Virginia Beach VA 23451           | \$ 75,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | Dix Defense<br>4270 Piedmont Parkway Ste 102<br>Greensboro NC 27410                   | \$ 15,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | London Bridge Trading Company LLC<br>585 London Bridge Rd<br>Virginia Beach VA 23454  | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | Jennifer Altamura<br>1637 Godfrey Lane<br>Virginia Beach VA 23454                     | \$ 12,167                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | Turner Strategic Technologies<br>7440 Central Business Park Dr<br>Nassawadox VA 23413 | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | Shadi Mokarem<br>12653 Rose Crest Ct<br>Fairfax VA 22033                              | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><b>Eliza Hope Foundation</b> | Employer identification number<br><b>81-4809516</b> |
|--|---|

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 7          | Veterans United Foundation<br><br>1400 Veterans United Drive<br><br>Columbia MO 65203 | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for noncash contributions.) |
| 8          | Sadaf Sadie Ahanchi<br><br>1339 Windsor Point Rd<br><br>Norfolk VA 23509              | \$ 10,428                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for noncash contributions.) |
| _____      | _____<br><br>_____<br><br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for noncash contributions.)            |
| _____      | _____<br><br>_____<br><br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for noncash contributions.)            |
| _____      | _____<br><br>_____<br><br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for noncash contributions.)            |
| _____      | _____<br><br>_____<br><br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for noncash contributions.)            |



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2022

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

Eliza Hope Foundation

81-4809516

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, total number and acreage, number of easements modified, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts required to be reported.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount |
|---|--------|
| c Beginning balance . . . . .             | 1c     |
| d Additions during the year . . . . .     | 1d     |
| e Distributions during the year . . . . . | 1e     |
| f Ending balance . . . . .                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| b Contributions . . . . .                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses . . . . .     |                  |                |                    |                      |                     |
| d Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| f Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| g End of year balance . . . . .                            |                  |                |                    |                      |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations . . . . .  | 3a(i)  |    |
| (ii) Related organizations . . . . .   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land . . . . .  |                                      |                                 |                              |                |
| b Buildings . . . . .  |                                      |                                 |                              |                |
| c Leasehold improvements . . . . .   |                                      | 34,588                          | 25,119                       | 9,469          |
| d Equipment . . . . .  |                                      | 2,707                           | 3,075                        | (368)          |
| e Other . . . . .  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . . |                                      |                                 |                              | <b>9,101</b>   |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)             | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .   |                |  |
| (2) Closely-held equity interests . . . . .   |                |  |
| (3) Other _____   |                |  |
| (A) _____   |                |  |
| (B) _____   |                |  |
| (C) _____   |                |  |
| (D) _____   |                |  |
| (E) _____   |                |  |
| (F) _____   |                |  |
| (G) _____   |                |  |
| (H) _____   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . . |                |  |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) _____   |                |  |
| (2) _____   |                |  |
| (3) _____   |                |  |
| (4) _____   |                |  |
| (5) _____   |                |  |
| (6) _____   |                |  |
| (7) _____   |                |  |
| (8) _____   |                |  |
| (9) _____   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . . . . |                |  |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1) _____   |                |
| (2) _____   |                |
| (3) _____   |                |
| (4) _____   |                |
| (5) _____   |                |
| (6) _____   |                |
| (7) _____   |                |
| (8) _____   |                |
| (9) _____   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. . . . .

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions. Total revenue calculated as 5.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions. Total expenses calculated as 5.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Horizontal lines provided for entering 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization

Employer identification number

Eliza Hope Foundation

81-4809516

**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  |               |  |    |                                   |   |   |
| <b>Total</b> . . . . .                                    |               |  |    |                                   |   |   |

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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<br><u>Hope Shines</u><br>(event type)                    | (b) Event #2<br><u>5K Race</u><br>(event type) | (c) Other events<br><u>None</u><br>(total number) | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|--|---|--|---|--|
| Revenue         | 1  | Gross receipts . . . . .  | 103,703  | 20,098  | 123,801  |
|                 | 2  | Less: Contributions . . . . .   |  |   |  |
|                 | 3  | Gross income (line 1 minus<br>line 2) . . . . .                       | 103,703  | 20,098  | 123,801  |
| Direct Expenses | 4  | Cash prizes . . . . .   |  |   |  |
|                 | 5  | Noncash prizes . . . . .  |  |   |  |
|                 | 6  | Rent/facility costs . . . . .   | 4,135  | 1,125   | 5,260  |
|                 | 7  | Food and beverages . . . . .  | 25,729   | 606   | 26,335   |
|                 | 8  | Entertainment . . . . .   | 6,460  |   | 6,460  |
|                 | 9  | Other direct expenses . . . . .                                       | 12,016   | 8,365   | 20,381   |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) . . . . . |  |   |  |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) . . . . . |   |  |   | 65,365   |

**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<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|--|---|---|---|---|
| Revenue         | 1  | Gross revenue . . . . .   |   |   |   |
|                 | 2  | Cash prizes . . . . .   |   |   |   |
| Direct Expenses | 3  | Noncash prizes . . . . .  |   |   |   |
|                 | 4  | Rent/facility costs . . . . .                                       |   |   |   |
|                 | 5  | Other direct expenses . . . . .                                     |   |   |   |
| 6               | Volunteer labor . . . . .  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><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 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.

**2022**

Attach to Form 990 or Form 990-EZ.

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

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**Eliza Hope Foundation**

Employer identification number  
**81-4809516**

**01. Officer, directors, etc. family relationship (Part VI, line 2)**

Two of the founding directors are spouses.

**02. Form 990 governing body review (Part VI, line 11)**

The Board of Directors will review all financial statements and tax returns prior to  
filing.

**03. Conflict of interest policy compliance (Part VI, line 12c)**

There is a written conflict of interest policy among the governing documents of the  
organization.

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

All documents and tax returns are available upon request.

**05. List of other fees for services expenses (Part IX, line 11g)**

Contracted services for programs such as swim instructors and other certified individuals.  
W-9 forms are collected for all contracted service payments and 1099's are issued if  
required.

# Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

|   |  |   |
|---|--|---|
| Name(s) shown on return<br><b>Eliza Hope Foundation</b> | Business or activity to which this form relates<br><b>FORM 990 - 1</b> | Identifying number<br><b>81-4809516</b> |
|---|--|---|

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount (see instructions)   | 1                            |                  |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)  | 3                            |                  |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8   | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2021 Form 4562   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions                       | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11  | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12   | 13                           |                  |

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

|    |   |    |  |
|----|---|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions. | 14 |  |
| 15 | Property subject to section 168(f)(1) election  | 15 |  |
| 16 | Other depreciation (including ACRS)   | 16 |  |

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

|    |  |    |       |
|----|--|----|-------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2022   | 17 | 3,871 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |    |       |

**Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only-see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      |  |                     |                |            |                            |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  |                                      |  | 27.5 yrs.           | MM             | S/L        |                            |
|                                |                                      |  | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property |                                      |  | 39 yrs.             | MM             | S/L        |                            |
|                                |                                      |  |                     | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System**

|     |            |  |         |    |     |  |
|-----|------------|--|---------|----|-----|--|
| 20a | Class life |  |         |    | S/L |  |
| b   | 12-year    |  | 12 yrs. |    | S/L |  |
| c   | 30-year    |  | 30 yrs. | MM | S/L |  |
| d   | 40-year    |  | 40 yrs. | MM | S/L |  |

**Part IV Summary (See instructions.)**

|    |   |    |       |
|----|---|----|-------|
| 21 | Listed property. Enter amount from line 28  | 21 |       |
| 22 | <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions | 22 | 3,871 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs   | 23 |       |

**For Paperwork Reduction Act Notice, see separate instructions.**



# Commonwealth Tax

3092 Brickhouse Ct  
 Virginia Beach, VA 23452  
 info@ctaxva.com  
 Phone: (757)200-1040 | Fax: (757)216-3887

| Customer Name   | Customer Information |               |
|---|----------------------|---------------|
| Eliza Hope Foundation<br>4924 Kemps Lake Dr<br>Virginia Beach, VA 23462 | Invoice #:           |               |
|   | Date:                | May 09, 2023  |
|   | Phone:               | (757)761-4673 |
|   | E-mail:              |               |

For professional services rendered in connection with the preparation of your 2022 exempt organization tax return.

| Description                           | Fee    |
|---------------------------------------|--------|
| <b>Federal And Supplemental Forms</b> |        |
| Form 990                              | 750.00 |
| Form 990 pg 2                         |        |
| Form 990 pg 3                         |        |
| Form 990 pg 4                         |        |
| Form 990 pg 5                         |        |
| Form 990 pg 6                         |        |
| Form 990 pg 7                         |        |
| Form 990 pg 8                         |        |
| Form 990 pg 9                         |        |
| Form 990 pg 10                        |        |
| Form 990 pg 11                        |        |
| Form 990 pg 12                        |        |
| Schedule A                            |        |
| Schedule A pg 2                       |        |
| Schedule A pg 3                       |        |
| Schedule A pg 4                       |        |
| Schedule A pg 5                       |        |
| Schedule A pg 6                       |        |
| Schedule A pg 7                       |        |
| Schedule A pg 8                       |        |
| Schedule B                            |        |
| Schedule B pg 2                       |        |
| Schedule B pg 2                       |        |
| Schedule D                            |        |
| Schedule D pg 2                       |        |
| Schedule D pg 3                       |        |
| Schedule D pg 4                       |        |
| Schedule G                            |        |
| Schedule G pg 2                       |        |
| Schedule O                            |        |
| Form 4562                             | 25.00  |
| Form 8879-TE                          |        |
| DEPR - Fed Schedule                   |        |

|                     |                               |  |
|---------------------|-------------------------------|--|
| DEPR - Fed Schedule | Federal Depreciation Schedule |  |
|---------------------|-------------------------------|--|

|                    |           |                          |               |
|--------------------|-----------|--------------------------|---------------|
| <b>Total Forms</b> | <b>34</b> | <b>Forms Subtotal</b>    | <b>775.00</b> |
|                    |           | <b>Total Balance Due</b> | <b>775.00</b> |

Payment due upon receipt. Please makes checks payable to "COMMONWEALTH TAX". Thank you for your business!

# Commonwealth Tax

3092 Brickhouse Ct  
 Virginia Beach, VA 23452  
 info@ctaxva.com  
 Phone: (757)200-1040 | Fax: (757)216-3887

| Customer Name   | Customer Information |               |
|---|----------------------|---------------|
| Eliza Hope Foundation<br>4924 Kemps Lake Dr<br>Virginia Beach, VA 23462 | Invoice #:           |               |
|   | Date:                | May 09, 2023  |
|   | Phone:               | (757)761-4673 |
|   | E-mail:              |               |

For professional services rendered in connection with the preparation of your 2022 exempt organization tax return.

| Description                           | Fee    |
|---------------------------------------|--------|
| <b>Federal And Supplemental Forms</b> |        |
| Form 990                              | 750.00 |
| Form 990 pg 2                         |        |
| Form 990 pg 3                         |        |
| Form 990 pg 4                         |        |
| Form 990 pg 5                         |        |
| Form 990 pg 6                         |        |
| Form 990 pg 7                         |        |
| Form 990 pg 8                         |        |
| Form 990 pg 9                         |        |
| Form 990 pg 10                        |        |
| Form 990 pg 11                        |        |
| Form 990 pg 12                        |        |
| Schedule A                            |        |
| Schedule A pg 2                       |        |
| Schedule A pg 3                       |        |
| Schedule A pg 4                       |        |
| Schedule A pg 5                       |        |
| Schedule A pg 6                       |        |
| Schedule A pg 7                       |        |
| Schedule A pg 8                       |        |
| Schedule B                            |        |
| Schedule B pg 2                       |        |
| Schedule B pg 2                       |        |
| Schedule D                            |        |
| Schedule D pg 2                       |        |
| Schedule D pg 3                       |        |
| Schedule D pg 4                       |        |
| Schedule G                            |        |
| Schedule G pg 2                       |        |
| Schedule O                            |        |
| Form 4562                             | 25.00  |
| Form 8879-TE                          |        |
| DEPR - Fed Schedule                   |        |

|                     |                               |  |
|---------------------|-------------------------------|--|
| DEPR - Fed Schedule | Federal Depreciation Schedule |  |
|---------------------|-------------------------------|--|

|                    |           |                          |               |
|--------------------|-----------|--------------------------|---------------|
| <b>Total Forms</b> | <b>34</b> | <b>Forms Subtotal</b>    | <b>775.00</b> |
|                    |           | <b>Total Balance Due</b> | <b>775.00</b> |

Payment due upon receipt. Please makes checks payable to "COMMONWEALTH TAX". Thank you for your business!