

**FOR TAX YEAR 2024**  
**Mission of Hope, Bolivia**

**Bookkeeping & Management Systems, Inc.**  
**222 S. Wayne Ave.**  
**Waynesboro, VA 22980-4622**  
**540-943-4193**

**[www.bookkeeper.com](http://www.bookkeeper.com)**

## Forms 990 / 990-EZ Return Summary

For calendar year 2024, or tax year beginning

, and ending

54-1975043

## MISSION OF HOPE, BOLIVIA

Net Asset / Fund Balance at Beginning of Year

337,856

## Revenue

Contributions 532,283

Program service revenue

Investment income 6,207

Capital gain / loss

Fundraising / Gaming:

Gross revenue

Direct expenses

Net income

Other income 0

Total revenue

538,490

## Expenses

Program services 583,925Management and general 4,024Fundraising 3,715

Total expenses

591,664

Excess / (deficit)

-53,174

Changes

-205

Net Asset / Fund Balance at End of Year

284,477

## Reconciliation of Revenue

Total revenue per financial statements

Less:

Unrealized gains

Donated services

Recoveries

Other

Plus:

Investment expenses

Other

Total revenue per return 538,490

## Reconciliation of Expenses

Total expenses per financial statements

Less:

Donated services

Prior year adjustments

Losses

Other

Plus:

Investment expenses

Other

Total expenses per return 591,664

## Balance Sheet

	Beginning	Ending	Differences
Assets	<u>337,856</u>	<u>284,431</u>	
Liabilities		<u>-46</u>	
Net assets	<u>337,856</u>	<u>284,477</u>	<u>-53,379</u>

## Miscellaneous Information

Amended return

Return / extended due date 05/15/25

Failure to file penalty

**Bookkeeping & Management Systems, Inc.**  
**222 S Wayne Ave**  
**Waynesboro, VA 22980**  
**540-943-4193**

March 30, 2025

Mission of Hope, Bolivia  
PO Box 103  
Charlottesville, VA 22902

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)  
Registration Statement

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

**Federal Filing Instructions**

Your Form 990 for the year ended 12/31/24 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Bookkeeping & Management Systems, Inc.  
222 S Wayne Ave  
Waynesboro, VA 22980

***Important:*** Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

**Virginia Form 102 Filing Instructions**

The filing fee for the tax year ended 12/31/24 is \$250. Form Charitable Organization Registration should be signed and dated on Page 6 by two appropriate officers. A check in the amount of \$250 should be made payable to Treasurer of Virginia. Write "E.I.N. 54-1975043, December 31, 2024 Form 102" on the check. Write the number of the check on the remittance form and include it with the return. Mail the return by May 15, 2025 to:

VA Dept of Agriculture and Consumer Svcs  
P.O. Box 526  
Richmond, VA 23218-0526

**Virginia Form 500 Filing Instructions**

Your 2024 Form 500 shows no balance due.

Your return is being filed electronically with the Virginia Department of Taxation and is not required to be mailed. If you mail a paper copy of your return, it will delay processing of your return.

Your electronically filed return is not complete without your signature. Form VA-8453C, Virginia Corporation Income Tax Declaration for Electronic Filing, should be signed and dated by an authorized officer of the corporation and returned to:

Bookkeeping & Management Systems, Inc.  
222 S Wayne Ave  
Waynesboro, VA 22980

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Bookkeeping & Management Systems, Inc.

Form **8879-TE**

IRS E-file Signature Authorization  
for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning ..... 2024, and ending ..... 20 .....

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.

**2024**

Department of the Treasury  
Internal Revenue Service  
of filer

EIN or SSN  
**54-1975043**

**MISSION OF HOPE, BOLIVIA**

Name and title of officer or person subject to tax  
**CHAD MYHRE  
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.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<b>538,490</b>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

**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 2024 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 immediate 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 **BOOKKEEPING & MANAGEMENT SYSTEMS, I** to enter my PIN **00680** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 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 2024 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 **03/31/25**

**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.

**54078500680**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 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.

Signature **DAVID L ELMORE, EA CFP** Date **03/31/25**

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

Form **990**

Return of Organization Exempt From Income Tax

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

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.

OMB No. 1545-0047

**2024**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

☒ Check if applicable:

Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

MISSION OF HOPE, BOLIVIA

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

PO BOX 103

City or town, state or province, country, and ZIP or foreign postal code

CHARLOTTESVILLE VA 22902

D Employer identification number

54-1975043

E Telephone number

434-975-5420

G Gross receipts \$

538,490

F Name and address of principal officer:

CHAD MYHRE  
1367 UNION MILLS ROAD  
TROY VA 22974

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

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

J Website: MISSIONOFHOPEBOLIVIA.ORG

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2000

M State of legal domicile: VA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:  
PROVIDE FREE MEDICAL CARE AND MEDICINES TO THE POOR IN THE COUNTRY OF BOLIVIA

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 8

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 8

5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 1

6 Total number of volunteers (estimate if necessary) 6 19

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 511,813

9 Program service revenue (Part VIII, line 2g) 0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,207

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7 0

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 511,820 538,490

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 420,500 514,647

14 Benefits paid to or for members (Part IX, column (A), line 4) 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 51,672 51,672

16a Professional fundraising fees (Part IX, column (A), line 11e) 0

16b Total fundraising expenses (Part IX, column (D), line 25) 3,715

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 20,063 25,345

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 492,235 591,664

19 Revenue less expenses. Subtract line 18 from line 12 19,585 -53,174

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 337,856 284,431

21 Total liabilities (Part X, line 26) 0 -46

22 Net assets or fund balances. Subtract line 21 from line 20 337,856 284,477

Part II Signature Block

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

Sign Here

Signature of officer

CHAD MYHRE

PRESIDENT

Type or print name and title

Date

Preparer's name

DAVID L ELMORE, EA CFP

Preparer's signature

DAVID L ELMORE, EA CFP

Date

03/30/25

Check ☐ if self-employed

PTIN

P00000680

Firm's name

BOOKKEEPING & MANAGEMENT SYSTEMS, INC.

Firm's EIN

54-1429171

Firm's address

222 S WAYNE AVE  
WAYNESBORO, VA 22980

Phone no.

540-943-4193

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2024)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒

1 Briefly describe the organization's mission:

**PROVIDE FREE MEDICAL CARE AND MEDICINES TO THE POOR IN THE COUNTRY OF BOLIVIA**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 \$ **523,786** including grants of \$ **514,647** ) (Revenue \$ )  
**FREE MEDICAL SERVICES AND MEDICINE ARE PROVIDED THROUGH CASH AND GIFT-IN-KIND CONTRIBUTIONS, AND THROUGH THE SENDING OF U.S. BASED MEDICAL TEAMS COMPRISED PRIMARILY OF MEDICAL DOCTORS AND REGISTERED NURSES WHO ARE SPECIALISTS IN VARIOUS FIELDS**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**N/A**

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**N/A**

4d Other program services (Describe on Schedule O.)

(Expenses \$ **60,139** including grants of \$ ) (Revenue \$ )4e Total program service expenses **583,925**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V		<b>X</b>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>X</b>	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		<b>X</b>
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>X</b>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>X</b>	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>X</b>	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<b>X</b>



**Part IV Checklist of Required Schedules (continued)**

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

**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 ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

**Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)**

		Yes	No
<b>2a</b>	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	<b>2a</b>	<b>1</b>
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	<b>X</b>
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b>	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)?	<b>4a</b>	<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	<b>X</b>
<b>8</b>	<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?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations. Enter:</b>		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations. Enter:</b>		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>
	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>	

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>1a</b>	<b>8</b>
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....	<b>1b</b>	<b>8</b>
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	<b>2</b>	<input checked="" type="checkbox"/>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....	<b>3</b>	<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>	<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization have members or stockholders? .....	<b>6</b>	<input checked="" type="checkbox"/>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	<b>7a</b>	<input checked="" type="checkbox"/>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	<b>7b</b>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? .....	<b>8a</b>	<input checked="" type="checkbox"/>
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>	<input checked="" type="checkbox"/>
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....	<b>9</b>	<input checked="" type="checkbox"/>

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....	<b>10a</b>	<input checked="" type="checkbox"/>
If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	<b>11a</b>	<input checked="" type="checkbox"/>
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. ....		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	<b>12a</b>	<input checked="" type="checkbox"/>
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>12b</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	<b>12c</b>	
<b>13</b> Did the organization have a written whistleblower policy? .....	<b>13</b>	<input checked="" type="checkbox"/>
<b>14</b> Did the organization have a written document retention and destruction policy? .....	<b>14</b>	<input checked="" type="checkbox"/>
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official .....	<b>15a</b>	<input checked="" type="checkbox"/>
<b>b</b> Other officers or key employees of the organization .....	<b>15b</b>	<input checked="" type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. ....		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	<b>16a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **NONE**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)  
 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.

**CHAD MYHRE****1284 SUNSET AVE EXTENDED****CHARLOTTESVILLE****VA 22903****434-975-5420**

**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**

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>MARTHA DIXON</b>	0.00									
<b>MEMBER</b>	0.00	X						0	0	0
(2) <b>JERRY GOODE</b>	0.00									
<b>MEMBER</b>	0.00	X						0	0	0
(3) <b>CATHERINE GROSS</b>	0.00									
<b>MEMBER</b>	0.00	X						0	0	0
(4) <b>BRIAN HADEN</b>	0.00									
<b>MEMBER</b>	0.00	X						0	0	0
(5) <b>EDWIN LEE</b>	0.00									
<b>MEMBER</b>	0.00	X						0	0	0
(6) <b>CHAD MYHRE</b>	1.50									
<b>PRESIDENT</b>	0.00	X		X				0	0	0
(7) <b>CYNTHIA THACKER</b>	20.00									
<b>SECRETARY</b>	0.00	X		X				0	0	0
(8) <b>DAVID VOLLMER</b>	1.00									
<b>TREASURER</b>	0.00	X		X				0	0	0
(9)										
(10)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) .....										
(13) .....										
(14) .....										
(15) .....										
(16) .....										
(17) .....										
(18) .....										
(19) .....										
<b>1b</b> Subtotal .....										
<b>c</b> Total from continuation sheets to Part VII, Section A .....										
<b>d</b> Total (add lines 1b and 1c) .....										

**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**

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* .....
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* .....
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* .....

	Yes	No
3		X
4		X
5		X

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	532,283				
	g Noncash contributions included in lines 1a-1f	1g	\$ 6,316				
	h Total. Add lines 1a-1f			532,283			
<b>Program Service Revenue</b>	2a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
	<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)			6,207		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses		6b					
c Rental inc. or (loss)		6c					
d Net rental income or (loss)							
7a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales exps.		7b					
c Gain or (loss)		7c					
d Net gain or (loss)							
8a Gross income from fundraising events (not including \$ of contributions reported on line 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 activities. See Part IV, line 19		9a					
b Less: direct expenses		9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances		10a					
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			538,490	0	0	6,207

**Part IX Statement of Functional Expenses***Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).*Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	<b>514,647</b>	<b>514,647</b>		
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	<b>48,000</b>	<b>48,000</b>		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	<b>3,672</b>	<b>3,672</b>		
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	<b>1,556</b>	<b>1,556</b>		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	<b>5,705</b>		<b>2,942</b>	<b>2,763</b>
14 Information technology				
15 Royalties				
16 Occupancy	<b>5,051</b>	<b>5,051</b>		
17 Travel	<b>498</b>	<b>498</b>		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	<b>1,860</b>	<b>1,860</b>		
23 Insurance				
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>SUPPLIES</b>	<b>5,641</b>	<b>5,641</b>		
b <b>CONTRACT LABOR</b>	<b>3,000</b>	<b>3,000</b>		
c <b>NEWSLETTER AND WEBSITE</b>	<b>952</b>			<b>952</b>
d <b>BANK CHARGES</b>	<b>530</b>		<b>530</b>	
e All other expenses	<b>552</b>		<b>552</b>	
<b>Total functional expenses.</b> Add lines 1 through 24e	<b>591,664</b>	<b>583,925</b>	<b>4,024</b>	<b>3,715</b>
<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) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing .....	239,182	1	160,048
	2 Savings and temporary cash investments .....	54,567	2	92,568
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....	44,107	8	30,675
	9 Prepaid expenses and deferred charges .....		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 5,034		
	b Less: accumulated depreciation .....	10b 3,894	10c	1,140
	11 Investments—publicly traded securities .....		11	
	12 Investments—other securities. See Part IV, line 11 .....		12	
	13 Investments—program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	337,856	16	284,431	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....		17	
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		25	-46
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	0	26	-46
<b>Net Assets or Fund Balances</b>	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions .....	284,057	27	183,172
	28 Net assets with donor restrictions .....	53,799	28	101,305
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds .....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	31 Retained earnings, endowment, accumulated income, or other funds .....		31	
	32 <b>Total net assets or fund balances</b> .....	337,856	32	284,477
33 <b>Total liabilities and net assets/fund balances</b> .....	337,856	33	284,431	



**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>	<b>538,490</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>591,664</b>
	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-53,174</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>337,856</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>-205</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>	
<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>	<b>284,477</b>

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? \_\_\_\_\_
- 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 \_\_\_\_\_

	Yes	No
<b>2a</b>		<b>X</b>
<b>2b</b>		<b>X</b>
<b>2c</b>		
<b>3a</b>		
<b>3b</b>		

**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

**2024****Open to Public  
Inspection**

of the organization

**MISSION OF HOPE, BOLIVIA**

Employer identification number

**54-1975043****Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

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

Cat. No. 11285F

Schedule A (Form 990) 2024

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	437,050	685,153	320,627	511,813	532,083	2,486,726
<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</b> <b>Total.</b> Add lines 1 through 3	437,050	685,153	320,627	511,813	532,083	2,486,726
<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</b> <b>Public support.</b> Subtract line 5 from line 4						2,486,726

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4	437,050	685,153	320,627	511,813	532,083	2,486,726
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	904		27		6,207	7,138
<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</b> <b>Total support.</b> Add lines 7 through 10						2,493,864
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13</b> <b>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 2024 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	99.71 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14	<b>15</b>	99.87 %
<b>16a</b> <b>33 1/3% support test — 2024.</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 checked="" type="checkbox"/>
<b>b</b> <b>33 1/3% support test — 2023.</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</b> <b>10%-facts-and-circumstances test — 2024.</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</b> <b>10%-facts-and-circumstances test — 2023.</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</b> <b>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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

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

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests — 2024. 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		<input type="checkbox"/>
33 1/3% support tests — 2023. 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		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 on 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**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** 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? If "Yes," provide detail in **Part VI**.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in **Part VI**.
- 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? If "Yes," provide detail in **Part VI**.
- 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? If "Yes," provide detail in **Part VI**.
- 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)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

**Part IV Supporting Organizations (continued)**

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a 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 A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

- 1 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? 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.
- 2 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? 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.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

- 1 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)? 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).

	Yes	No
1		

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

- 1 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?
- 2 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? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described on 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? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

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

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

**2 Activities Test. Answer lines 2a and 2b below.**

- a 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? 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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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? 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.

	Yes	No
2a		
2b		
3a		
3b		

**3 Parent of Supported Organizations. Answer lines 3a and 3b below.**

- a 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? If "Yes" or "No," provide details in **Part VI**.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

**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.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (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	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (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	<b>Net value of non-exempt-use assets</b> (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	
Section C – Distributable Amount			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	Total annual distributions. 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 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			



**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Area for supplemental information with horizontal lines.

Form **990****Two Year Comparison Report****2023 & 2024**

For calendar year 2024, or tax year beginning

, ending

Name

Taxpayer Identification Number

MISSION OF HOPE, BOLIVIA

54-1975043

		2023	2024	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1. 511,813	532,283	20,470
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4.		
	5. Investment income	5.	6,207	6,207
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 7		-7
	12. Total revenue. Add lines 1 through 11	12. 511,820	538,490	26,670
<b>Expenses</b>	13. Grants and similar amounts paid	13. 420,500	514,647	94,147
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16. 51,672	51,672	
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 1,320	1,556	236
	19. Occupancy, rent, utilities, and maintenance	19. 5,051	5,051	
	20. Depreciation and Depletion	20.	1,860	1,860
	21. Other expenses	21. 13,692	16,878	3,186
	22. Total expenses. Add lines 13 through 21	22. 492,235	591,664	99,429
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 19,585	-53,174	-72,759
<b>Other Information</b>	24. Total exempt revenue	24. 511,820	538,490	26,670
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 7	6,207	6,200
	27. Total assets	27. 337,856	284,431	-53,425
	28. Total liabilities	28.	-46	-46
	29. Retained earnings	29. 337,856	284,477	-53,379
	30. Number of voting members of governing body	30. 8	8	
	31. Number of independent voting members of governing body	31. 8	8	
	32. Number of employees	32. 1	1	
	33. Number of volunteers	33. 19	19	

Form **990**

## Tax Return History

2024

Employer Identification Number  
**54-1975043**

Name

**MISSION OF HOPE, BOLIVIA**

	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants .....	437,050	685,153	320,627	511,813	532,283	
Membership dues .....						
Program service revenue .....						
Capital gain or loss .....	-87		27		6,207	
Investment income .....	904					
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....	30	96	26	7		
Other revenue .....						
<b>Total revenue</b> .....	<b>437,897</b>	<b>685,249</b>	<b>320,680</b>	<b>511,820</b>	<b>538,490</b>	
Grants and similar amounts paid .....	425,669	411,900	404,000	420,500	514,647	
Benefits paid to or for members .....						
Compensation of officers, etc. ....		61,857	52,428	51,672	51,672	
Other compensation .....		1,630	5,373	1,320	1,556	
Professional fees .....		4,230	5,277	5,051	5,051	
Occupancy costs .....					1,860	
Depreciation and depletion .....			5,602	13,692	16,878	
Other expenses .....	96,712	46,919	472,680	492,235	591,664	
<b>Total expenses</b> .....	<b>522,381</b>	<b>526,536</b>	<b>-152,000</b>	<b>19,585</b>	<b>-53,174</b>	
<b>Excess or (Deficit)</b> .....	<b>-84,484</b>	<b>158,713</b>				
<b>Total exempt revenue</b> .....	<b>437,897</b>	<b>685,249</b>	<b>320,680</b>	<b>511,820</b>	<b>538,490</b>	
<b>Total unrelated revenue</b> .....						
<b>Total excludable revenue</b> .....	<b>847</b>	<b>96</b>	<b>53</b>	<b>7</b>	<b>6,207</b>	
<b>Total Assets</b> .....	<b>302,281</b>	<b>461,009</b>	<b>310,095</b>	<b>337,856</b>	<b>284,431</b>	
<b>Total Liabilities</b> .....					<b>-46</b>	
<b>Net Fund Balances</b> .....	<b>302,281</b>	<b>461,009</b>	<b>310,095</b>	<b>337,856</b>	<b>284,477</b>	

**Taxable Interest on Investments**

<u>Description</u>		<u>Amount</u>	<u>Unrelated</u>	<u>Exclusion</u>	<u>Postal</u>	<u>Acquired after</u>	<u>US</u>
			<u>Business</u>	<u>Code</u>	<u>Code</u>	<u>6/30/75</u>	<u>Obs (\$ or %)</u>
INTEREST INCOME		\$		14			
TOTAL		\$		0			

**Taxable Dividends from Securities**

<u>Description</u>		<u>Amount</u>	<u>Unrelated</u>	<u>Exclusion</u>	<u>Postal</u>	<u>Acquired after</u>	<u>US</u>
			<u>Business</u>	<u>Code</u>	<u>Code</u>	<u>6/30/75</u>	<u>Obs (\$ or %)</u>
WELLS FARGO		\$		6,207		14	
TOTAL		\$		6,207			

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
LICENSES AND FEES	\$ 320	\$	\$ 320	
DUES & SUBSCRIPTIONS	232		232	
TOTAL	\$ 552	\$ 0	\$ 552	\$ 0

Schedule A, Part II, Line 9(e)

Description	Amount
CASHBACK - CC REWARDS	\$
TOTAL	\$ 0

7204 Mission of Hope, Bolivia  
54-1975043  
ph:434-975-5420  
Platform Version: 24.3.2  
Federal Version: 24.3.1  
Virginia Version: 24.2.1

2024

Prepared by: DAVID L ELMORE, EA CFP  
03/30/2025 05:28 AM  
delmore

## Virginia Diagnostics

### Critical Messages

None

### Electronic Filing

None

### Informational Messages

☐ This return is marked to be filed electronically

# Virginia Form 500 Return Summary

For calendar year 2024 or tax year beginning  
MISSION OF HOPE, BOLIVIA

, ending  
54-1975043

## Taxable Income

Federal taxable income

Total additions

Total subtractions

Savings and loan association's bad debt deduction

Virginia taxable income

Apportionment factor

100.00

**Taxable income**

## Taxable Computation

Income tax

Nonrefundable tax credits

**Adjusted corporate tax**

## Payments and Penalties

Estimated income tax payments and overpayment credit

Extension payment

Refundable tax credits from Schedule 500CR

Pass-through entity withholding from Schedule 500ADJ

Penalty

Interest

Additional charge Form 500C

**Total payments and penalties**

**Total Due**

0

**Overpayment credited to next year**

**Refund**

## Next Year's Estimates

1st Quarter

2nd Quarter

3rd Quarter

4th Quarter

**Total**

## Annual Registration Information

Gross contributions 532,283

Total fees 250

Registration / extended due date 05/15/25



**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS**

PO Box 526, Richmond, VA 23218-0526  
Phone: 804-786-1343 • www.vdacs.virginia.gov

OCRP-102 Revised 10/23

**REMITTANCE FORM  
CHARITABLE ORGANIZATION  
FORM 102**

**YOU MUST USE THIS FORM TO RECEIVE PROPER CREDIT OF YOUR FEE(S)**

Organization name: MISSION OF HOPE, BOLIVIA

Address: PO BOX 103

CHARLOTTESVILLE VA 22902

Federal Employer Identification Number: 54-1975043

**REGISTRATION FEE AMOUNT**

Your annual registration, which includes the annual fee payment, is due every year, five months and fifteen days from the end of the organization's most recently completed fiscal year, unless the organization has requested an extension of either three months or six months to file.

**Initial:** First time registrants pay a \$100 initial fee. If the organization has prior financial history, the organization is also required to pay an annual fee. Organizations with no financial history are **not** required to pay an annual fee.

**Late:** If your registration has lapsed, you will be required to pay the \$100 late fee **and** the annual registration fee. You will never pay an initial and late registration fee at the same time.

**Annual:** See page seven of Form 102 for annual registration fee calculations.

Initial Registration Fee (\$100): \$ \_\_\_\_\_ (910-02184)

Late Registration Fee (\$100): \$ \_\_\_\_\_ (910-02184)

Annual Registration Fee: \$ 250 (910-02619)  
(See pg. 7 of Form 102)

Total Fees: \$ 250

To assist us in tracking your payment,  
please enter your **Check Number:** \_\_\_\_\_

**MAKE CHECKS PAYABLE TO: TREASURER OF VIRGINIA**

The Code of Virginia authorizes state agencies to assess interest, administrative charges and penalty fees for returned checks and past-due accounts in accordance with guidelines promulgated by the Department of Accounts.

**PLEASE ATTACH COMPLETED REMITTANCE FORM TO FRONT OF REGISTRATION FORM WITH CHECK ATTACHED AND MAIL TO:**

Virginia Department of Agriculture and Consumer Services  
P.O. Box 526  
Richmond, VA 23218-0526

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS**

PO Box 526, Richmond, VA 23218-0526  
Phone: 804-786-1343 • www.vdacs.virginia.gov

OCRP-102 Revised 10/23  
Form 102, Page 1

**REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION  
FORM 102**

Please choose the type of registration:

	Initial Registration
<b>OR</b>	
<input checked="" type="checkbox"/>	Annual Renewal

Unless otherwise noted, all information provided on this form and attachments must be for the **CURRENT** fiscal year. Financial reports (except budgets) will be for the most recently completed fiscal year. Any change in information filed must be submitted to the Office of Charitable and Regulatory Programs (OCRP) within seven (7) days of the change.

All questions **MUST** be answered. If a question does not apply, then indicate "NO" or "N/A". Failure to properly complete this form or to submit all additional documentation required by any applicable section of the Rules Governing the Solicitation of Contributions will result in an incomplete registration. Your organization may not solicit in the Commonwealth of Virginia until it is properly registered.

1. Organization's legal name:

MISSION OF HOPE, BOLIVIA

2. List any other names under which you may solicit contributions in Virginia:

\_\_\_\_\_

\_\_\_\_\_

3. Required primary address: 1284 SUNSET AVE EXTENDED

CHARLOTTESVILLE

City

VA

State

22903

Zip Code

**"Primary address"** means the bona fide physical street address of the organization or sole proprietor. **P.O. Boxes will not be accepted.** Pursuant to §57-49.2 of the Code of Virginia, if the organization does not maintain an office, use the address of the person having custody of its financial records.

4. Does the organization maintain any other offices in Virginia?

☐ Yes

☒ No

If "Yes," then attach a list of the addresses and telephone numbers for those offices.

"Other offices" will include locations where the organization may administer a program or house administrative functions. "Other offices" will not include the names and addresses of chapters, branches or affiliates soliciting in Virginia, as provided in response to question 7 of this form.

5. Mailing address if different from primary address above: PO BOX 103

CHARLOTTESVILLE

City

VA

State

22902

Zip Code

6. Other contact information: 434-975-5420

Telephone, including area code

Fax, including area code

MISSIONOFHOPEBOLIVIA.ORG

Internet URL

CHADJMYHRE@GMAIL.COM

Organization's official e-mail address\*

\*The Official E-mail address entered above will be used for the notifications unless alternate email preference is indicated here: JMYHRE@MISSIONOFHOPEBOLIVIA.ORG

MISSION OF HOPE, BOLIVIA

54-1975043

**REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION**

Form 102, Page 2

Revised 10/23

## 7. Locations of other chapters, branches, affiliates:

Does the organization have any chapters, branches or affiliates in Virginia? ☐ Yes ☒ No

If "Yes,"

- i) Attach a list of the affiliates' names, addresses and telephone numbers.
- ii) Are the income and expenses of these affiliates included in your organization's financial statement?
- ☐ Yes ☐ No

If "Yes," a joint registration may be issued to the parent organization which would apply to those subordinate organizations whose finances are reported jointly with the parent organization. **Please refer to 2VAC5-610-30 of the Rules Governing the Solicitation of Contributions for information regarding whether the parent qualifies to file a consolidated or joint registration.**

## 8. Please check one:

	Type of organization
<input checked="" type="checkbox"/>	Corporation
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Other (specify):

9. Date of incorporation or formation: 02/09/2000

10. In what city was the organization legally established? CHARLOTTESVILLE VA  
City State

## 11. What is the main purpose of the charitable organization?

PROVIDE FREE MEDICAL CARE AND MEDICINES TO THE POOR IN THE COUNTRY OF  
BOLIVIA

12. Name and address of designated agent for receipt of process (service of legal documents) within the Commonwealth of Virginia. **NOTE: If no agent is designated, the organization shall be deemed to have designated the Secretary of the Commonwealth.**THOMAS E ULLRICH

Name and Company Name

100 S MASON STREET

Address

HARRISONBURG

City

VA

State

22801

Zip Code

## 13. Organization's fiscal year:

a) Dates of the **CURRENT** fiscal year: From: \_\_\_\_\_ To: \_\_\_\_\_b) Has the organization recently changed its fiscal year? ☐ Yes ☒ No

If "Yes," then provide the dates of the "short" fiscal year:

From: \_\_\_\_\_ To: \_\_\_\_\_

14. Is the organization exempt under the Internal Revenue Code? ☒ Yes ☐ No

MISSION OF HOPE, BOLIVIA

54-1975043

## REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION

Revised 10/23

Form 102, Page 3

## 15. Key personnel:

a) Full name and title of the individuals having signatory power over the organization's funds:

SEE STATEMENT 1

b) Full name and title of the individuals who approve the organization's budget:

SEE STATEMENT 2

c) Has the organization, or any officer, professional fund-raiser or professional solicitor thereof, ever been convicted of a felony?

☐

Yes

☒

No

If "Yes," then attach a statement providing a description of the pertinent facts.

d) For the **CURRENT** fiscal year, attach a listing of the organization's officers, directors, trustees, and principal salaried executive staff which includes names, addresses, and titles. We will not accept the listing provided in the IRS Form 990. **Note:** Your registration will be considered incomplete if the listing does not include titles. Addresses are not required if the named individuals are to be contacted at the organization's primary address. SEE STATEMENT 3

16. Financial statements – please complete the following calculations using your financials from the **most recently completed fiscal year:****16(A): Percentage of fundraising expenses:**

- 1) Total amount of contributions received directly from the public: (found on the IRS Form 990, Page 9, Part VIII, line 1h / 990EZ, Page 1, Part 1, Line 1 (less government grants) \$ 532,283
- 2) Total spent on fundraising, including contracts with professional fund-raising counsel or professional solicitors: (found on IRS Form 990, Page 10, Part IX, Line 25, Column D / 990EZ, Page 1, Part 1, Line 13) \$ 3,715
- 3) Percent of fundraising expenses: (found on this form, OCP-102, Line 16A(2) divided by Line 16A(1)) 0.6979%
- 4) For federated fundraising organizations ONLY: State the percentage withheld from a donation designated for a member agency: \_\_\_\_\_%

**16(B): Percentage of charitable services expenses:**

- 1) Total amount of expenses dedicated to providing charitable services: (found on IRS Form 990, Page 10, Part IX, Line 25, Column B / 990EZ, Page 2, Part III, Line 32) \$ 583,925
- 2) Total amount of expenses of the organization: (found on IRS Form 990, Page 10, Part IX, Line 25, Column A / 990EZ, Page 1, Part 1, Line 17) \$ 591,664
- 3) Percent of program services expenses: (found on this form, OCP-102, Line 16B(1) divided by Line 16B(2)) 98.6920%

MISSION OF HOPE, BOLIVIA

54-1975043

**REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION**

Form 102, Page 4

Revised 10/23

**16(C): Percentage of administrative expenses:**

- 1) Total amount of expenses dedicated to administrative costs: (found on IRS Form 990, Page 10, Part IX, Line 25, Column C / 990EZ, Page 1, Part 1, Line 12) \$ 4,024
- 2) Total amount of expenses of the organization: (found on IRS Form 990, Page 10, Part IX, Line 25, Column A / 990EZ, Page 1, Part 1, Line 17) \$ 591,664
- 3) Percent of administrative expenses: (found on this form, OCRP-102, Line 16C(1) divided by Line 16C(2)) 0.6801%

17. Does the organization intend to solicit contributions from the public directly (including corporate grant proposals, door-to-door or telephone solicitations, special events, direct mail, etc.)?

☒ Yes ☐ No

18. Does the organization intend to have others outside the organization (e.g. volunteers, federated fund-raising organizations, etc.) conduct solicitations on its behalf?

☐ Yes ☒ No

19. For the current fiscal year, has your organization entered into an agreement or contract with any person(s) to conduct any aspects (including planning, managing, or carrying out) of a completed, current or upcoming solicitation?

☐ Yes ☒ No If "Yes," to question 19, please indicate the arrangement with your agency by checking below:

X	Category	Type of Arrangement
	A	A bona fide, salaried officer or employee of the charitable organization or its parent organization
	B	An outside consultant or professional fundraising counsel
	C	A paid professional solicitor

If in Question 19 either B or C are checked, then please provide the following information:

a) List the name and address(es) of the professional fundraising counsel or professional solicitor(s) and note the date of each contract that was previously submitted to the Commissioner:

\_\_\_\_\_

\_\_\_\_\_

b) Attach a copy of the organization's current fundraising contract(s) that were not previously submitted as required by Section 57-54 of the Code of Virginia.

20. Please indicate how the organization will use the contributions received during the **CURRENT** fiscal year:

CONTRIBUTIONS RECEIVED WILL BE USED TO SUPPORT TWO FREE MEDICAL CLINICS

IN BOLIVIA.

21. Has the organization been authorized by any other state or governmental agency to solicit contributions?

☐ Yes ☒ No If "Yes," then name all such agencies. Submit an attachment if necessary.

\_\_\_\_\_

\_\_\_\_\_

MISSION OF HOPE, BOLIVIA

54-1975043

**REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION**

Revised 10/23

Form 102, Page 5

22. Is the organization, or any officer, professional fund-raising counsel, or professional solicitor for the organization **CURRENTLY** enjoined by any court or otherwise prohibited from soliciting in any jurisdiction?

☐ Yes ☒ No If "Yes," then attach a copy of the Order that states the reasons and time period for the injunction or prohibition.

23. Has any officer, professional fund-raising counsel, or professional solicitor for the organization ever been convicted in any jurisdiction of embezzlement, larceny or other crimes involving the obtaining of money under false pretenses, or the misapplication of funds impressed with a trust?

☐ Yes ☒ No If "Yes," then attach a copy of the court Order that states the reasons for the conviction, or a copy of any applicable pardon.

24. Please indicate the type of solicitation activities that your organization may pursue during the current fiscal year (**check** all that apply):

X	Type of Solicitation
	Telephone
X	Direct mail
X	Internet
	Special events
	Door-to-door
X	Personal contact
	Other (Specify):

25. Except as otherwise provided, all information required to be filed under Chapter 5 of Title 57 of the Code of Virginia shall become public records in the Office of the Commissioner, and shall be open to the general public for inspection. You are required by law to supply this information as a prerequisite to the solicitation of charitable contributions. If you do not provide the required information, you may not solicit in Virginia. Any change in information filed must be submitted to OCRP within seven (7) days of the change. In order to assist you in determining whether you have provided the required information, please respond to the following:

- i) Are all questions on the form answered?

☒ Yes ☐ No If "No," then the registration will be considered incomplete.

- ii) Are all required attachments included (see page 7 for "Checklist of Required Attachments")?

☒ Yes ☐ No If "No," then the registration will be considered incomplete.

MISSION OF HOPE, BOLIVIA

54-1975043

## REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION

Revised 10/23

Form 102, Page 6

## 26. OATH OR AFFIRMATION. (MUST BE WET INK SIGNATURES)

**\*Two (2) different officers must sign this registration form. The original signature page (page 6) must then be filed with the Office of Charitable and Regulatory Programs. Copies are not allowed.**

We, the undersigned chief fiscal officer (chief financial officer, or treasurer) and president (or other authorized officer, if president is unavailable to sign), duly authorized to act on behalf of the organization for which this statement is made, certify that this statement and including any accompanying appendices have been examined by us and are, to the best of our knowledge and belief, true, correct and complete pursuant to the laws of the Commonwealth of Virginia.

We affirm and attest that no funds have been or will knowingly be used, directly or indirectly, to benefit or provide support, in cash or in kind, to terrorists, terrorist organizations, terrorist activities, or the family members of any terrorist. We understand that no person shall be registered by the Commonwealth or by any locality to solicit funds that are intended to benefit or support a family member of any terrorist.

Wet ink signature of the **chief fiscal officer, chief financial officer, or treasurer**

CHAD MYHRE

Print name

PRESIDENT

Title

Date

Wet ink signature of the **president or other authorized officer**

DAVID VOLLMER

Print name

TREASURER

Title

Date

\*The persons signing this form as chief fiscal officer (chief financial officer/treasurer) and president (or other authorized officer) **must be** designated by title on the current fiscal year's list of officers, directors, trustees, and principal salaried executive staff (see §57-49.D. of the Code of Virginia).

Section 57-61.1.A. of the Code of Virginia states that "Registrations by charitable organizations, professional solicitors, and professional fund-raising counsel **are effective, if complete, upon receipt** by the Commissioner." For more information on determining whether your registration is complete, please refer to the checklist provided on page 8 of the application.

Rules Governing the Solicitation of Contributions can be located using the following link:  
<https://law.lis.virginia.gov/admincode/title2/agency5/chapter610/>

# REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION

Revised 10/23

Form 102, Page 7

## SCHEDULE OF REGISTRATION FEES

**FEE CRITERIA\***

- |       |  |
|-------|--|
| \$30  | If your <b>gross contributions</b> for the preceding year do not exceed \$25,000           |
| \$50  | If your <b>gross contributions</b> exceed \$25,000, but do not exceed \$50,000             |
| \$100 | If your <b>gross contributions</b> exceed \$50,000, but do not exceed \$100,000            |
| \$200 | If your <b>gross contributions</b> exceed \$100,000, but do not exceed \$500,000           |
| \$250 | If your <b>gross contributions</b> exceed \$500,000, but do not exceed one million dollars |
| \$325 | If your <b>gross contributions</b> exceed one million dollars                              |

- **“Gross contributions”** means the total contributions received by the organization from all sources, excluding government grants (this amount is found on Line E under Computation of Fee Criteria below).
- Organizations with no prior financial history filing an initial registration shall be required to pay an initial fee of \$100.
- Organizations with prior financial history filing an initial registration shall be required to pay an initial fee of \$100 in addition to the applicable annual registration fee.

**\*\* Any organization which allows its registration to lapse shall be required to pay a \$100 late fee in addition to the annual registration fee.**

### \*COMPUTATION OF FEE CRITERIA

Due to the diversity in reporting, the following computation should be used as a guide for calculating the required annual registration fee.

**Total contributions, gifts, grants, etc. (IRS Form 990, Part VIII, Line 1h)**

A 532,283

### Subtract

- Funds received from federated fundraising organization (FFO)\*\*  
(IRS Form 990, Part VIII, Line 1a):
- Government Grants (IRS Form 990, Part VIII, Line 1e)

**B** \_\_\_\_\_

C

**Total Deductions (add Lines B and C)**

D O

**GROSS CONTRIBUTIONS (subtract Line D from Line A)**

**E** 532,283

**\*\*The federated fundraising organization (FFO), as defined in §57-48 of the Code, must register annually with the Commissioner to qualify for subtraction of funds in the fee computation. Enter the complete name of the FFO below:**

Name of FFO: \_\_\_\_\_



General Footnote - Form 102Description

ADDITIONAL INDIVIDUALS HAVING SIGNATORY POWER OVER FUNDS:

CHAD MYHRE	PRESIDENT
JULIE MYHRE	ADMINISTRATION
CYNTHIA THACKER	SECRETARY
NORMAN T BRINKMAN	DIRECTOR

**Statement 1 - Form 102, Page 3, Question 15a - Individuals Having Signatory Power Over Funds**

<u>Name</u>	<u>Title</u>
CHAD MYHRE	PRESIDENT

**Statement 2 - Form 102, Page 3, Question 15b - Individuals Who Approve the Organization's Budget**

<u>Name</u>	<u>Title</u>
CHAD MYHRE	PRESIDENT
CYNTHIA THACKER	SECRETARY
DAVID VOLLMER	TREASURER
STEVEN MEIXEL	MEMBER
NORMAN BRINKMAN	MEMBER
CATHERINE GROSS	MEMBER
BRIAN HADEN	MEMBER
JERRY GOODE	MEMBER

**Statement 3 - Form 102, Page 3, Question 15d - Names of Organization's Officers,  
Directors, Trustees, and Principal Salaried Staff**

Name	City	State	Zip	Address 1	Foreign Province or State	Address 2	Title
CHAD MYHRE	TROY	VA	22974	1367 UNION MILLS ROAD			PRESIDENT
DAVID VOLLMER	PALMYRA	VA	22963	147 CHAPEL COURT			TREASURER
CYNTHIA THACKER	CHARLOTTESVILLE	VA	22903	1610 DUBLIN ROAD			SECRETARY
EDWIN LEE	MCLEAN	VA	22101	6652 HAWTHORNE ST			MEMBER
MARTHA DIXON	ST. SIMONS ISLAND	GA	31522	511 MAGNOLIA AVE			MEMBER
CATHERINE GROSS	NELLYSFORD	VA	22958	PO BOX 623			MEMBER
BRIAN HADEN	IREDELL	TX	76649	153 COUNTY ROAD 2139			MEMBER
JERRY GOODE	GAINESVILLE	GA	30506	2593 BRIDGEWATER CIRCLE			MEMBER
JULIE MYHRE	TROY	VA	22974	1367 UNION MILLS ROAD			ADMINISTRATOR

**VA-8453C**  
 Virginia Department  
 of Taxation

**Virginia Corporation Income Tax Declaration for  
 Electronic Filing**
**Tax Year  
 2023**

**DO NOT SEND THIS VA-8453C TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.  
 IT MUST BE MAINTAINED IN YOUR FILES!**

For calendar year 2023, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

☐ Online Filed Return

<b>Corporation Name</b> MISSION OF HOPE, BOLIVIA		<b>Federal ID Number</b> 54-1975043	
<b>Part I Tax Return Information</b>			
1. Federal Taxable Income (Form 500, Page 2, Line 1)	1.		
2. Virginia Taxable Income (Form 500, Page 2, Line 7)	2.		
3. Income tax (Form 500, Page 2, Line 9)	3.		
4. Total payments and credits (Form 500, Page 2, Line 16)	4.		
5. Total due (Form 500, Page 2, Line 21)	5.		
6. Amount to be refunded (Form 500, Page 2, Line 24)	6.		
<b>Part II Declaration of Officer</b>			
<p>I declare under penalties of perjury that I am an officer of the above corporation and that I have compared the information on the return with the information I have provided to my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2023 Virginia corporation income tax return. To the best of my knowledge and belief, the corporation's return is true, correct and complete. I consent that the corporation's return including this declaration and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my ERO and by the IRS to the Virginia Department of Taxation (Virginia Tax). This declaration is to be retained by the ERO or transmitter as validation of the corporation's electronically filed Virginia income tax return. If filing a balance due return, I authorize Virginia Tax and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2023 Virginia income tax return for payment of state taxes owed on this return. 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 certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.</p> <p>I understand that if Virginia Tax does not receive full and timely payment of its liability, the corporation will remain liable for the tax liability in addition to all applicable penalties and interest.</p>			
_____ Signature of Officer	PRESIDENT Title	03/30/25 Date	
<b>Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer</b>			
<p>I declare that I have reviewed the above corporation's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the corporate officer's signature on Form VA-8453C before submitting this return to the Internal Revenue Service (IRS) and Virginia Tax. I have provided the officer with a copy of all forms and information to be filed with the IRS and the Virginia Tax, and have followed all other requirements as specified by Virginia Tax. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge. EROs and paid preparer can sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.</p>			
ERO's Signature BOOKKEEPING & MANAGEMENT SYSTEMS, INC.	Date 03/30/25	ERO's SSN or PTIN P00000680	
Firm's name (or yours if self-employed) 222 S WAYNE AVE	Paid Preparer? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N   Self-employed? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
Street Address WAYNESBORO VA 22980	EIN 54-1429171		
City, State, and Zip	Phone Number 540-943-4193		
Paid Preparer's Signature	Date	Preparer's SSN or PTIN	
Firm's name (or yours if self-employed)	Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N		
Street Address	EIN		
City, State and Zip	Phone Number		

Form VA-8453C (REV 8/23)

# 2024 Virginia Schedule 500A

## Corporation Allocation and Apportionment of Income



Name as shown on Form 500

FEIN

MISSION OF HOPE, BOLIVIA

54-1975043

Check if you are:

- ☐ Filing a consolidated or combined return.
- ☐ A certified company conducting business in certain disadvantaged localities electing to use a modified apportionment method (enclose Schedule 500AP).
- ☐ A property information and analytics firm that has entered into a memorandum of understanding with VEDP and meets the criteria outlined in Va. Code § 58.1-422.4.
- ☐ An Internet root infrastructure provider that has entered into a memorandum of understanding with VEDP and meets the criteria outlined in Va. Code § 58.1-422.5.

### Section A - Apportionment Method

#### 1. Motor Carrier Mileage Factor

If an exception applies, check the applicable box below

- ☐ Exception 1 ☐ Exception 2

#### 2. Financial Corporation Cost of Performance Factor

#### 3. Construction Corporation Completed Contract Basis Sales Factor

#### 4. Railway Company Revenue Car Miles

#### 5. Retail Company Apportionment

#### 6. Debt Buyers Apportionment

#### 7. Manufacturer's Modified Apportionment Method

##### Sales Factor

(a) Enter beginning date of election year

##### (b) Wage and employment certification required each

year: Check to certify that the average weekly wages of the full-time employees is greater than the lower of the state or local average weekly wages for its industry, and that the average annual number of full-time employees of the manufacturing company is at least 90% of the base year employment.

#### 8. Enterprise Data Center Operation

#### 9. Multi-Factor Formula With Double-Weighted Sales

### Section B - Apportionment Computation

#### 1. Single Factor Computation

Motor carriers, financial corporations, construction corporations, railway companies, retail companies, debt buyers, manufacturers who elected the modified apportionment method in Section A, and certain enterprise data center operations

1

Column A Total	Column B Virginia	Column C Percentage
.00	.00	%

#### 2. Multi-Factor Computation

##### (a) Property Factor

2(a)

1,500.00 1,500.00 100.00 %

##### (b) Payroll Factor

2(b)

0.00 0.00 %

##### (c) Sales Factor

2(c)

0.00 0.00 %

##### (d) Double-Weighted Sales Factor Apportionment: Multiply the sales factor from Line 2(c) by 2

2(d)

0.00 %

##### (e) Sum of Percentages. Add Lines 2(a), 2(b), and 2(d)

2(e)

100.00 %

##### (f) Multi-Factor Percentage (Double-Weighted Sales): Divide Line 2(e) by 4, reduced by the number of factors, if any, having no denominator

2(f)

100.00 %

#### 3. Income Subject to Virginia Tax

##### (a) Virginia Taxable Income from Form 500, Line 7

3(a)

0.00

##### (b) Total Dividends (total amount of allocable income)

3(b)

.00

##### (c) Nonapportionable Investment Function Income. Enter on Form 500, Line 8(c)

3(c)

.00

##### (d) Add Lines 3(b) and 3(c)

3(d)

.00

##### (e) Nonapportionable Investment Function Loss. Enter on Form 500, Line 8(d)

3(e)

.00

##### (f) Total Nonapportionable Income. Line 3(d) minus Line 3(e)

3(f)

.00

##### (g) Income Subject to Apportionment. Line 3(a) minus Line 3(f)

3(g)

0.00

##### (h) Income Apportioned to Virginia. Multiply the percentage from Line 1 or Line 2(f) by Line 3(g)

3(h)

.00

##### (i) Dividends Allocated to Virginia. Portion of dividends reported on Line 3(b)

3(i)

.00

##### (j) Income Subject to Virginia Tax. Add Lines 3(h) and 3(i). Enter on Form 500, Line 8(a)

3(j)

0.00

**2024 Virginia  
Schedule 500FED**
**Corporation Schedule of  
Federal Line Items**


Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500.

Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

Name as shown on Virginia return MISSION OF HOPE, BOLIVIA

FEIN 54-1975043

**Form 1120 — Deductions and Taxable Income**

1. Federal Taxable Income before NOL and Special Deductions .....	1. ....	0.00
2. Net Operating Loss Deduction .....	2. ....	.00
3. Special Deductions .....	3. ....	1,000.00
4. Federal Taxable Income after NOL and Special Deductions .....	4. ....	0.00

**Form 1120, Schedule C — Dividends and Special Deductions**

5. Subpart F Income and/or Global Intangible Low-Taxed Income .....	5. ....	.00
6. Gross-Up for Foreign Taxes Deemed Paid .....	6. ....	.00

**Form 1120, Schedule K or M-1**

7. Tax Exempt Interest .....	7. ....	.00
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**Form 5884 — Work Opportunity Credit**

8. Salaries and Wages not deducted due to the WOTC .....	8. ....	.00
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**Form 4562 — Special Depreciation Allowance and Other Depreciation**

9. Special depreciation allowance for qualified property placed in service during the taxable year ..	9. ....	1,800.00
10. Property subject to 168(f)(1) election .....	10. ....	.00
11. Other depreciation .....	11. ....	.00

**Form 1118, Schedule A — Income or Loss Before Adjustments - Gross Income or Loss**

12. Total: Dividends .....	12. ....	.00
13. Reserved for future use .....	13. ....	
14. Total: Inclusions (Exclude Gross-up) .....	14. ....	.00
15. Total: Inclusions (Gross-up) .....	15. ....	.00
16. Total: Interest .....	16. ....	.00
17. Total: Gross Rents, Royalties, and License Fees .....	17. ....	.00
18. Total: Gross Income from Performance of Services .....	18. ....	.00
19. Total: Other .....	19. ....	.00
20. Total: Total Gross Income or Loss from Outside the US .....	20. ....	.00

**Form 1118, Schedule A — Income or Loss Before Adjustments - Deductions**

21. Total: Allocable — Rental, Royalty, and Licensing Expenses — Depreciation, Depletion, and Amortization .....	21. ....	.00
22. Total: Allocable — Rental, Royalty, and Licensing Expenses - Other Expenses .....	22. ....	.00
23. Total: Allocable — Expenses Related to Gross Income from Performance of Services .....	23. ....	.00
24. Total: Allocable — Other Allocable Deductions .....	24. ....	.00
25. Total: Total Allocable Deductions .....	25. ....	.00
26. Total: Apportioned Share of Deductions .....	26. ....	.00
27. Total: Net Operating Loss Deduction .....	27. ....	.00
28. Total: Total Deductions .....	28. ....	.00

**Form 1118, Schedule A — Income or Loss Before Adjustments - Total Income**

29. Total: Total Income or (Loss) Before Adjustments .....	29. ....	.00
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VA Dept. of Taxation 2601002 Rev. 07/24