# PUBLIC DISCLOSURE COPY

OMB No. 1545-0047

2021

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

Department of the Treasury

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

Open to Public

A	For the	e 2021 calen	dar year, or tax year beginning 01/01/2021 and ending	12/31/20	21					
в	Check it	f applicable:	C Name of organization HOPE IN A SUITCASE		) Empl	oyer identification number				
	Address	s change	Doing business as			47-5071911				
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address) Room/sul	ite E	E Telephone number					
	Initial re	turn	311 N Robertson Blvd Nr 715			310-995-1279				
	Final ret	um/terminated	City or town, state or province, country, and ZIP or foreign postal code							
	Amende	ed return	Beverly Hills, CA 90211		Gross	receipts \$ 505,387				
	Applicat	tion pending	F Name and address of principal officer: Marsha Austen H(#	a) is this a group	p return fe	or subordinates? 🗌 Yes 🗹 No				
			311 N Robertson Blvd Nr 715, Beveriy Hills, CA 90211 H(t	b) Are all sub	ordinat	tes included? 🗌 Yes 🗌 No				
<u>i</u>	Tax-exe	empt status:	✓ 501(c)(3) 501(c) ( ) ◄ (insert no.) 4947(a)(1) or 527	No," attach a	a list. Se	ee instructions.				
J	Website	e: 🕨 hopeina	asuitcase.org H(d	c) Group exe	mption	number 🕨				
<u>K</u>	Form of	organization: 🗸	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation:	2015	A State	of legal domicile; CA				
<b>P</b>	art I	Summa								
	1	Briefly des	cribe the organization's mission or most significant activities: To provide ch	nildren and	l teens	s entering foster care				
8		with clothe	s, blankets, other essentials, and comfort items to help ease their transition. In	2020, iten	1s hav	e been distributed to				
han		over 3,200								
Veh	2	Check this	box ► [] if the organization discontinued its operations or disposed of mo	re than 25	5% of	its net assets.				
ĝ	3		voting members of the governing body (Part VI, line 1a)		3	11				
<b>a</b> ğ	4		independent voting members of the governing body (Part VI, line 1b)	• • •	4	11				
itie:	5	Total numb	per of individuals employed in calendar year 2021 (Part V, line 2a)	• •	5	0				
Activities & Governance	6	Total numb	per of volunteers (estimate if necessary)		6	100				
ĕ	<b>7a</b>	Total unrela	ated business revenue from Part VIII, column (C), line 12	• •	7a	0				
	b	Net unrelat	ed business taxable income from Form 990-T, Part I, line 11	• •	7b	0				
				Prior Year		Current Year				
ø	8		ns and grants (Part VIII, line 1h)	48	8,928	464,919				
- Nu	9	Program se	ervice revenue (Part VIII, line 2g)	14,100		11,975				
Revenue	10		income (Part VIII, column (A), lines 3, 4, and 7d)		130	7,013				
	11	Other rever	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0				
	12	Total reven	ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	503	3,158	483,907				
	13		similar amounts paid (Part IX, column (A), lines 1–3)	22	9,169	136,977				
	14	Benefits pa	id to or for members (Part IX, column (A), line 4)		0	0				
ŝ	15	Salaries, otl	her compensation, employee benefits (Part IX, column (A), lines 5-10)	20	6,570	29,172				
Expenses	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)		0	0				
Š.	b	Total fundra	aising expenses (Part IX, column (D), line 25) 🕨	100 324	2019	TO ROUSS AND A VERSION				
ш С	17		nses (Part IX, column (A), lines 11a-11d, 11f-24e)	15	8,560	258,361				
	18		nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	414	4,299	424,510				
	19	Revenue le	ss expenses. Subtract line 18 from line 12		8,859	59,397				
Net Assets or Fund Balances				ng of Curren	t Year	End of Year				
tass Fals	20		s (Part X, line 16)	661	1,665	713,380				
컱물	21		ies (Part X, line 26)	10	6,638	8,898				
žŽ	22		or fund balances. Subtract line 21 from line 20	649	5,027	704,482				
Pa	art II	Signatu	re 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 Andrew Horn, Chief Financial Office Type or print name and title		Date						
Paid Preparer	Print/Type preparer's name	Date		Check if if self-employed	PTIN				
Use Only	Firm's name	Firm's ElN ►							
	Firm's address 🕨	Phone no.							
May the IRS discuss this return with the preparer shown above? See instructions									

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	0 (2021) Page 2
Part	
-	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: To provide children and teens entering and impacted by foster care with clothes, shoes, blankets, other essentials, and comfort items to help ease their transition. At a higher level, the mission is to spread awareness of the challenges facing children in foster care. Current programming is concentrated in the Greater Los Angeles area.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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.
<b>4</b> a	(Code:) (Expenses \$ including grants of \$ 136,977 ) (Revenue \$ 11,975 )
<b>4</b> b	To provide children and teens entering foster care with clothes, blankets, and other essentials.
4.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	***************************************
4d	Other program services (Describe on Schedule O.)
-14	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )
<b>4e</b>	Total program service expenses > 419,161

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	1	
3	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	3		1
4	Section 501(c)(3) organizations. 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	4		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			_ <u>·</u>
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		1
6	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	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			_ <u>·</u>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		✓
9	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	9		✓
10	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	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	120	Royas	Sec.263
	VII, VIII, IX, or X, as applicable.	STATE OF		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	Weinerson and		
	complete Schedule D, Part VI	11a		✓
Ь	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	11b		✓
C	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	11c		1
d	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	11d		<
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>√</b>
f	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	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		$\checkmark$
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	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		$\checkmark$
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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	14b		✓
15	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	15		<u>√</u>
16	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.	16		<u>√</u>
17	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	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			_
4.5	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	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	19		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>√</b>
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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	21	✓	

Form **990** (2021)

Page 3

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	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? If "Yes," complete Schedule I, Parts I and III	22		1
23	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? If "Yes," complete Schedule J.	23		~
24a	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? If "Yes," answer lines 24b	20		<b>•</b>
	through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <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>	24d 25a		
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>	25b		~
26	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? If "Yes," complete Schedule L, Part II	26		~
27	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>	27		1
28	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):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28b 28c		✓ ✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30	<ul> <li>Image: A second s</li></ul>	-
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31 32		✓ ✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	-	1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	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? If "Yes," complete Schedule R, Part VI	37		✓
38	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	38	1	
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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		State.	1.6
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	1.25		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	and the second se	-
			n <b>990</b>	(2021)

Page 4

Form 99	0 (2021)		1	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <b>2a 0</b>			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	ecoliti.	Comile
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	and the second s	1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
-4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		1
b	If "Yes," enter the name of the foreign country ►			3.018
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	11/24		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		<b>√</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		de la complete	100170
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	A MAR		Torage in
-	and services provided to the payor?	7a	100 100 1	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
Ŭ	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	129	C.C.	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		10.00	211
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			Line -
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		10783	
а	Initiation fees and capital contributions included on Part VIII, line 12	110		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1.12		
11	Section 501(c)(12) organizations. Enter:	27 18		
а	Gross income from members or shareholders	1.00		
b	Gross income from other sources. (Do not net amounts due or paid to other sources	1	Sec.	
	against amounts due or received from them.)		1.	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	2	100	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	152	137	
Ь	Enter the amount of reserves the organization is required to maintain by the states in which		REAL	
	the organization is licensed to issue qualified health plans		A SALE	
C	Enter the amount of reserves on hand	12/22	加其使	1.53
1 <b>4a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	1 <b>4</b> a		1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		✓
	If "Yes," see the instructions and file Form 4720, Schedule N.	236		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		1
	If "Yes," complete Form 4720, Schedule O.	12	100	12.16
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	82-63	10000	
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	3804	Tries:	No. 19
			-	

Form 99	90 (2021)		I	Page 6			
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule	D. See ii	nstruc	tions.			
<u>Conti</u>	Check if Schedule O contains a response or note to any line in this Part VI						
Jecu	on A. Governing body and management		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> 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.	11	103				
ь 2	Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship wit any other officer, director, trustee, or key employee?	11 h 2		1			
3	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? .	st <b>3</b>		✓			
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	5 6					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members stockholders, or persons other than the governing body?	, 7b					
8	Did the organization contemporaneously document the meetings held or written actions undertaken durin the year by the following:	3					
а	The governing body?	8a	✓ ✓	1.000			
ь 9	– – – – – – – – – – – – – – – – – – –						
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9		1			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rev		ode.)	•			
			Yes	No			
10a b	Did the organization have local chapters, branches, or affiliates? 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?	10a		<b>V</b>			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	7 <b>11a</b>	✓				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	1.50		1993			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1				
b C	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes, describe on Schedule O how this was done.</i>		✓ ✓				
13	Did the organization have a written whistleblower policy?	13	1				
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval b independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		1				
а	The organization's CEO, Executive Director, or top management official	15a	that may be	1			
b	Other officers or key employees of the organization	15b		$\overline{\checkmark}$			
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
b	with a taxable entity during the year?			-			
	organization's exempt status with respect to such arrangements?	16b	and and a	010101000			
_	on C. Disclosure						
17 18	List the states with which a copy of this Form 990 is required to be filed ► CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 99 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Own website	)-T (sec	tion 5	i01(c)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflic and financial statements available to the public during the tax year.			olicy,			
20	State the name, address, and telephone number of the person who possesses the organization's books and <u>Andrew Horn</u> , (310)261-4327	records					

Form 990 (2021	Page 7								
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								
	Check if Schedule O contains a response or note to any line in this Part VII								
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		[		(	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average					e than c		Reportable	Reportable	Estimated amount
	hours					is both or/trust		compensation	compensation	of other
	per week		<u> </u>		<u> </u>	_	<u> </u>	from the	from related	compensation
	(list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	npig bio	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	related		븅	9	Ĕ	oyee	<b>\$</b>	1099-NEC)	1099-NEC)	related organizations
	organizations	۲ F			S.	- Ö				
	dotted line)	Iste	Į Š.	1	ŏ ا	Pen				
		œ	8			Highest compensated employee				
Marsha Austen	28.00				$\square$					
Executive Director		$\checkmark$		1				0	0	0
Andrew Horn	2.00									
Chief Financial Officer		$\checkmark$		<				0	0	0
Stacy Kravetz	5.00									
Treasurer		✓		<				0	0	0
Margaret Meenaghan	4.00									-
Secretary		<ul><li>✓</li></ul>		✓				0	0	0
Barbara Bartman	2.00									
Director		<ul><li>✓</li></ul>						0	0	0
Eufe de la Torre	2.00									
Director		$\checkmark$						0	0	0
Nicole Field	2.00									
Director		$\checkmark$						0	0	0
Danielle Geller	5.00		[							
Director		<ul><li>✓</li></ul>						0	0	0
Sherri McGee McCovey	2.00									
Director		$\checkmark$						0	0	0
Jaime Schwartzberg	2.00									
Director		$\checkmark$						0	0	0
Kimberly Stephens	2.00									
Director		✓						0	0	0
					-					
										- 000

Form 990 (2021) Part VII Section A. Officers, Director	rs. Trustees	Kev	Em	nlo	VAA	e an	d F	lighest Compe	onsated Emple	Page 8
(A) Name and title	(B) Average hours	(do n box,	iot ci unle:	Pos neck as pe	C) ition more		one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
53	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2. 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
								si.		
1b Subtotal			•			•		0	0	0
d Total (add lines 1b and 1c)			:	•	· ·	· ·		0	0	-
2 Total number of individuals (including reportable compensation from the or		to th	lose	) list	ed	above	e) w	ho received mor 0	e than \$100,000	) of
<b>3</b> Did the organization list any <b>form</b> employee on line 1a? If "Yes," complete the second s							•	loyee, or highes	•	Yes No 1 3 √
4 For any individual listed on line 1a, is organization and related organization individual										
<ul> <li>5 Did any person listed on line 1a receir for services rendered to the organization</li> </ul>						-		-	tion or individua	
Section B. Independent Contractors		-		• •						
1 Complete this table for your five compensation from the organization.										
(A) Name and business	address							(B) Description of serv	rices	(C) Compensation
None										
2 Total number of independent contra received more than \$100,000 of comp							b th	ose listed abov	e) who	

			(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				function revenue	business revenue	from tax under sections 512-514
ທັ ຫ	1a	Federated campaigns 1a		CASE MONTHAN CONTRACTOR		144 (A) (A) (A) (A) (A)
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues		S. S. Start R. S. W.	State of Skiel	
D E	c	Fundraising events		de la companya de la		
Ľ₿,	d	Related organizations 1d				
ig i	e	Government grants (contributions) 1e				
Sins	f f	All other contributions, gifts, grants,			A State Press	1 Thereas and the
- it i		and similar amounts not included above 1f 464,919		1.		
- e b	g	Noncash contributions included in		Section and		
nd p		lines 1a-1f <b>1g \$ 182,952</b>				
Q g	h	Total. Add lines 1a-1f	464,919			
æ		Business Code		Dectar States		
Program Service Revenue	<b>2a</b>	Children Services Clothing Distribution 624110	11,975	11,975	0	0
Lei Lei	b					
gram Ser Revenue	C.					
la l	d					
- DO	e					
<u>a</u>	T	All other program service revenue	0	0	0	0
	9 3	Total. Add lines 2a–2f	11,975			
	3	other similar amounts)	1	4 202		
	4	Income from investment of tax-exempt bond proceeds	4,382	4,382	0	0
	5		0	0	0	
		Royalties	Vision of the second second second	Transmitterer and the second	A Line of the Party of the Party	NUMBER OF STREET
	6a	Gross rents 6a			Contraction of the	
	Ь	Less: rental expenses 6b				
	c	Rental income or (loss) 6c 0 0		A ATT PARTY		
	d	Net rental income or (loss)				
	7a	Gross amount from (i) Securities (ii) Other		COULT IN COMPANY		
		sales of assets		CAN AN ARTICLE		
		other than inventory 7a 24,111 0	State and the			
e	b	Less: cost or other basis				
nue		and sales expenses . 7b 21,480 0	1			and the second second
Revenue	С	Gain or (loss) 7c 2,631 0		MAR STUDIES		
L L	d	Net gain or (loss)	2,631	2,631	0	0
Othe	8a	Gross income from fundraising			Letter of	
0		events (not including \$0	Contraction of the		And A Contemp	
		of contributions reported on line		Annahisi shiye sh		
		1c). See Part IV, line 18 8a		distant series		17
	b	Less: direct expenses 8b	THE AND AND A	Maria States	1 N 1 N 2 N 4	
	C	Net income or (loss) from fundraising events				Chatcher of Carl and
	9a			Car Strang Land	A State State State State	
	F				Contra State	Sector and
		Less: direct expenses 9b	terresson from the second of		programme and the	provide residence of the second
		Net income or (loss) from gaming activities Gross sales of inventory, less	Manufacture and an and a state	and a campa in the second	same solution adverti	March Street Street Street
	iva	returns and allowances 10a		and the second second	All and the second	Salar and the St
	ь	Less: cost of goods sold 10b		12000	a manager and a second s	A CALL STATE
		Net income or (loss) from sales of inventory			T ADDRESS OF PARTY OF TAX	
6		Business Code		and the second		
Miscellaneous Revenue	11a					
scellaneo Revenue	b					
eve eve	C		1			<i>1/</i> _
Sc.	d	All other revenue				
Σ	е	Total. Add lines 11a-11d	0		1997年1997年1	
	12	Total revenue. See instructions	483,907	18,988	0	0
						Form <b>990</b> (2021)

## 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

	Check if Schedule O contains a response of Include amounts reported on lines 6b, 7b, b, 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	136,977	136,977		
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				
4 5	Benefits paid to or for members 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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,367	25,367		, —
9	Other employee benefits				
10 11	Payroll taxes	3,805	3,805		
a	Management				
b					
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.) .				
12	Advertising and promotion	542			54
13	Office expenses	3,855	2,804	824	22
14 45	Information technology				
15 16		50.201	20.201		
10	Occupancy	59,381	59,381		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	ĺ			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	11,695	7,939	3,756	
24	Other expenses. Itemize expenses not covered	La Martin Real Print			
	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.)		States to the set	Galet - Color	
					L MERCEREN MERCEN
a 5	Clothing and Household Items	179,503	179,503	0	
b	Distribution Expenses	3,385	3,385	0	
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	424,510	419,161	4,580	76
26	Joint costs. Complete this line only if the		410,101		10.
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				

Form 990 (2021)
Part X Balance Sheet

		(A) Beginning of year		<b>(B)</b> End of year
1	Cash-non-interest-bearing	208,313	1	212,615
2	Savings and temporary cash investments			3,068
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	9,750
5	Loans and other receivables from any current or former officer, director	and the second se		
	trustee, key employee, creator or founder, substantial contributor, or 35%		100	
	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		8	78,405
9	Prepaid expenses and deferred charges	23,000	9	23,000
10a	Land, buildings, and equipment: cost or other		1	
	basis. Complete Part VI of Schedule D 10a	and the second second second	inent al	And the Market of the
b	Less: accumulated depreciation		10c	
11	Investments-publicly traded securities		11	386,542
12	Investments-other securities. See Part IV, line 11		12 13	·····
13 14	Investments-program-related. See Part IV, line 11		13	
14	Intangible assets		15	
16	Other assets. See Part IV, line 11		16	742.200
17	Accounts payable and accrued expenses		17	713,380 8,898
18	Grants payable		18	0,030
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		100 M	
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	·····
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25       .	16,638	26	8,898
	Organizations that follow FASB ASC 958, check here ▶ 📝 and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	580,652	27	674,488
28	Net assets with donor restrictions	64,375	28	29,994
	Organizations that do not follow FASB ASC 958, check here $\blacktriangleright$ and complete lines 29 through 33.	AND DESCRIPTION		
2 <del>9</del>	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances		32	704,482
33	Total liabilities and net assets/fund balances	661,665	33	713,380

Form 9	990 (2021)			Pa	ge <b>12</b>
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			3,907
2	Total expenses (must equal Part IX, column (A), line 25)	2		424	4,510
3	Revenue less expenses. Subtract line 2 from line 1	3		59	9,397
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		64	5,027
5	Net unrealized gains (losses) on investments	5			58
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		704	4,482
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 Accrual 🛛 Other		8		NAU P
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain on			- All
0			0.		E PERS
<b>2a</b>	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 com-		2a	1000	¥

reviewed on a separate basis, consolidated basis, or both:

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 Single Audit Act and OMB Circular A-133?
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.

Form 990 (2021)

2b

2c

3a

3Ь

**SCHEDULE A** 

# **Public Charity Status and Public Support**

OMB No. 1545-0047

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

2021 Open to Public Inspection

•		
Name	of the	organization

Employer identification number
--------------------------------

HOP	E IN	A SUITCASE					47-50	71911
	rt I	Reason for Public Cha	<u> </u>					ons.
The		nization is not a private founda		· · ·		-	,	
1		A church, convention of churc					'0(b)(1)(A)(i).	
2		A school described in <b>section</b>		• •	•			
3		A hospital or a cooperative ho						
4	_	A medical research organization		onjunction with a hosp	pital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
E		hospital's name, city, and state An organization operated for		college er uzivezeite	owend o			al unit described in
5		section 170(b)(1)(A)(iv). (Com		college or university	Owned o	roperate	o by a government	al unit described in
6		A federal, state, or local gover	nment or govern	mental unit described	d in sectio	on 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	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research organi						
	1	or university or a non-land-gra university:			-		•	
10		An organization that normally i	eceives (1) more	than 331/3% of its su	ipport fro	m contrib	outions, membership	fees, and gross
	ļ	receipts from activities related support from gross investment	to πs exempt fu	netions, subject to ce related business taxa	ble incom	eptions; a 1e (less si	ano (2) no more than ection 511 tax) from	businesses
	1	acquired by the organization a	fter June 30, 197	75. See <b>section 509(</b> a	<b>a)(2).</b> (Coi	mplete Pa	art III.)	
11		An organization organized and	•	•	•			
12		An organization organized and						
		one or more publicly supported						
	1	the box on lines 12a through 12		•• •• •			•	•
a	1 E	<b>Type I.</b> A supporting organ						
		the supported organization supporting organization. Ye					he directors or trust	ees of the
b	) [	<b>Type II.</b> A supporting organ						
		control or management of				persons	that control or man	age the supported
	_	organization(s). You must	-					
C	; L	Type III functionally integ						ally integrated with,
$\geq$		its supported organization(						
d	ונ	Type III non-functionally inter- that is not functionally inter-						
		that is not functionally integ requirement (see instructio						u an allentiveness
е	, г	Check this box if the organ	•	•		•		
e	-	functionally integrated, or 1	Type III non-func	tionally integrated su				
f		ter the number of supported of			• • •	•••		•
9		ovide the following information						
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		rganization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C) 								
(D)								
(E)								

Total

 Part II
 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secu	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					i j	
	include any "unusual grants.")	331,833	306,706	581,170	488,928	464,919	2,173,556
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	331,833	306,706	581,170	488,928	464,919	2,173,556
5	The portion of total contributions by	Notes Charles			ALC: NOT STATE	And Street and	
-	each person (other than a						
	governmental unit or publicly	N. L. Sansa		Section 2.		And Andrews	
	supported organization) included on	1. S.				Section 19	
	line 1 that exceeds 2% of the amount	and the state of the				La Barris Constanti	
	shown on line 11, column (f)	and the second					746,048
6	Public support. Subtract line 5 from line 4	1. 100 Parts - 1219 P	Contract of the	Store States	States and Section	In the second second	1,427,508
Secti	on B. Total Support			L			
	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	331,833	306,706	581,170	488,928	464,919	2,173,556
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	0	568	87	130	7,013	7,798
9	Net income from unrelated business	U	300	0/	130	7,013	1,130
3	activities, whether or not the business						
	is regularly carried on		<u>.</u>		1 3 2	1	
		0	0	0	0	0	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets			1			
	(Explain in Part VI.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10	March 19	12 Contraction of the local distance of the	A REAL PLANE	Constant Participation	A CONTRACTOR OF CONTRACTOR	2,181,354
12	Gross receipts from related activities, etc.					12	61,800
13	First 5 years. If the Form 990 is for the		s first, second	, third, fourth,	or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop he						· · 🕨 🖪
Secti	on C. Computation of Public Suppor	t Percentage	e				
14	Public support percentage for 2021 (line 6	6, column (f), d	ivided by line 1	11, column (f))		14	65.44 %
15	Public support percentage from 2020 Sch					15	66.9 %
16a	331/3% support test-2021. If the organi						
	box and stop here. The organization qual	lifies as a publi	cly supported	organization			🕨 🗹
Ь	331/3% support test-2020. If the organiz	zation did not	check a box o	n line 13 or 16	a, and line 15	is 331/3% or me	ore, check
	this box and stop here. The organization	qualifies as a p	oublicly suppo	rted organizatio	on		· · Þ 🗖
17a	10%-facts-and-circumstances test-20	021. If the oroa	anization did n	ot check a box	on line 13. 1	6a. or 16b. and	l line 14 is
	10% or more, and if the organization m						
	Part VI how the organization meets the					•	•
	organization			-	•		••
b	10%-facts-and-circumstances test-20						
	15 is 10% or more, and if the organizatio			-			
	in Part VI how the organization meets the			-	•	• •	
	organization						
18	Private foundation. If the organization of						
-	instructions						· · 🕨 🗌

Part	III Support Schedule for Organiza	ations Desci	ribed in Sect	ion 509(a)(2)			
	(Complete only if you checked the						nder Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please c	omplete Part	II.)	
	on A. Public Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						1
	unrelated trade or business under section 513	1					
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						1
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5		1	1	1		
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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		2013年1月1日日日		Phase and the second		
	line 6.)		States A		Sector Sector		
Secti	on B. Total Support						<b>.</b>
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						ł
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less	·		_			
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	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, check this box and stop he	re					🕨 🗖
Secti	on C. Computation of Public Suppor	rt Percentag	е				
15	Public support percentage for 2021 (line &	B, column (f), c	livided by line <sup>.</sup>	13, column (f))		15	%
16	Public support percentage from 2020 Sch	nedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2021 (			by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2020			•		Contraction of the local division of the loc	%
19a	331/3% support tests-2021. If the organi						
	17 is not more than 331/3%, check this box	and stop here.	. The organizati	on qualifies as	a publicly supp	orted organizat	ion . 🕨 🗖
b	331/3% support tests-2020. If the organiz						331/3%, and
	line 18 is not more than 331/3%, check this I	box and <b>stop h</b>	ere. The organ	ization qualifies	as a publicly s	upported orgai	nization 🕨 🗖

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### Part IV Supporting Organizations

(Complete only if you checked a box in 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.*
- 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.)

Schedule A (Form 990 or 990-EZ) 2021

1

2

3a

3b

3c

**4a** 

**4**b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

106

#### Part IV Supporting Organizations (continued)

- Has the organization accepted a gift or contribution from any of the following persons?
   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.**

#### 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.

#### 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).

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

- 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?
  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.

#### 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 those 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.
- 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.

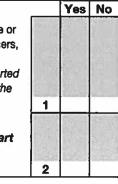
Yes No

#### 

2a

2b

3a

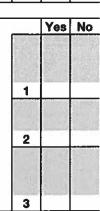


Yes No

1

11a 11b

11c



Yes No

#### 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.

Sect	ion 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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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	<b>1a</b>		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	ion C-Distributable Amount		a second a second a	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	and a second second second second	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	SACK STANDS - MORE	
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5	ALL THE MERCHANNER MERCHAN	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			0
5	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions).	ally i	ntegrated Type III support	rting organization

Schedule A (Form 990 or 990-EZ) 2021

	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continue	ed)	
	ion D—Distributions		, v		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	orted			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purp	nizations	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	-provide details in <b>Part</b>	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 whic	h the organization is res	ponsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
0	Line 8 amount divided by line 9 amount			10	
Sect	ion E-Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			THE A	
2	Underdistributions, if any, for years prior to 2021				The state of the state
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021			20144	THERE IN THE REPORT
а	From 2016			1915	
b	From 2017				
C	From 2018	MEAN GENELON SA		2 AV	
d	From 2019			100	
6	From 2020			1200	
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)		Same and Same	12.1	
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			287	The second second
4	Distributions for 2021 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount			522	
C	Remainder. Subtract lines 4a and 4b from line 4.			18-3	and an one of St
	Remaining underdistributions for years prior to 2021, if				
5	any. Subtract lines 3g and 4a from line 2. For result	and the second second			
	greater than zero, explain in Part VI. See instructions.	And the second second			
6	Remaining underdistributions for 2021. Subtract lines 3h				
_	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.	The state of the set	and the second second		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			24	
8	Breakdown of line 7:				
a	Excess from 2017	The second second second	I AN ADDRESS	13(2)	ELEMENTER DE PRESE
b	Excess from 2018	Shaken Baseder of the	The second second		and Magneter In
 C		HERE WERE LES		1	
d	Excess from 2020				State of the state of the
e				1000	

Schedule A (Form 990 or 990-EZ) 2021

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.)

***************************************	
	*************
•••••••••••••••••••••••••••••••••••••••	
	140.406.000.000
*******	
***************************************	
	*******
***************************************	

SCHEDULE I (Form 990)		0 8	Grants and Governments	Other Assis , and Individ sization answered	tance to Org luais in the L "Yes" on Form 990.	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.		OMB	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			► Go to M	Attach to ww.irs.gov/Form9	<ul> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form930 for the latest information.</li> </ul>	ormation.		Ope	Open to Public Inspection
Name of the organization							E	Employer identification number	number
Š	:							47-5071911	11
Part   General Int	formation (	General Information on Grants and Assistance	Assistance						
1 Does the organization maintain records to substantiate the am the selection criteria used to award the grants or assistance?	tion maintair	n records to subs	stantiate the amou or assistance?	int of the grants o	r assistance, the g	rantees' eligibility fo	grants or assi	tance, and	
2 Describe in Part IV the organization's procedures for monitorin	/ the organiz	ation's procedur	es for monitoring 1	the use of grant fu	ig the use of grant funds in the United States.	states.	•	.85 •	
Part II Grants and Part IV, line	I Other Ass 21, for any	Grants and Other Assistance to Domestic Organ Part IV, line 21, for any recipient that received more	mestic Organiz	ations and Don an \$5,000. Part	nestic Governm Il can be duplica	izations and Domestic Governments. Complete if the organizatio than \$5,000. Part II can be duplicated if additional space is needed	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	"nswered "Yes"	on Form 990,
1 (a) Name and address of organization or government	rganization	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<ul> <li>Method of valuation (book, FMV, appraisal, other)</li> </ul>	(g) Description of noncash assistance	(M) Purp or as	(h) Purpose of grant or assistance
(1) Sch I, Stmt 1									
(2)									
(3)									
(4)									
(5)									
(9)									
<u>ل</u> ع									
(8)									
(6)					i				
(10)									
(11)									
(12)									
<ul> <li>Enter total number of section 501(c)(3) and government organizat</li> <li>Enter total number of other organizations listed in the line 1 table</li> </ul>	r of section f	501 (c)(3) and gov panizations listed	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	tions listed in the l	line 1 table				3
	Act Notice, se	e the Instruction	s for Form 990.		Ö	Cat. No. 50055P		Schedule	Schedule I (Form 990) 2021

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	mestic Individua space is needed	als. Complete if the I.	organization answ	ered "Yes" on Form 990,	Part IV, line 22.
:	(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						
6						
<b>"</b>						
4	10 10					
n	•					
9						
7						
Part IV	Part IV Supplemental Information. Provide the information	the information r	equired in Part I, lin	e 2; Part III, column	required in Part I, line 2; Part III, column (b); and any other additional information.	required in Part I, line 2; Part III, column (b); and any other additional information.
	*					
		*************				
						Schedule I (Form 990) 2021

Page 2

Schedule I (Form 990) 2021

Schedule I, Part IV, Statement 1

Form: Schedule I (2021)

EIN: 47-5071911 Part II, Line 1

Page: 1

Description of Grants and Other Assistance to Governments and Organizations in the United States

Recipient EIN Amt. of cash Amt. of nongrant cash asst. Name and address Wayfinder Family Services 95-1977659 0 74,598 5300 Angeles Vista Blvd Los Angeles, CA 90403 **IRC code section** 501(c)(3) Method of valuation FMV Desc. of Non-Cash Asst. Clothing Purpose of grant **Operational assistance** Name and address Make Good Inc 20-4525072 0 44.639 5429 W Washington Blvd Los Angeles, CA 90016 **IRC code section** 501(c)(3) Method of valuation FMV Desc. of Non-Cash Asst. Clothing Purpose of grant **Operational assistance** Name and address **Dimondale Adolescent Care Facility** 95-4824615 0 13,780 23860 Hawthome Blvd Los Angeles, CA 90505 IRC code section 501(c)(3) Method of valuation **FMV Desc. of Non-Cash Asst.** Clothing Purpose of grant **Operational assistance** 

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered	d "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.	

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

2021 Open to Public Inspection

#### Name of the organization

Employer Identification number

	-	
HOPE IN	A SUITCASE	
Part I	Types of	Property

47-5071911

Part	Types of Property							
		(a) Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash con			
1	Art-Works of art							
2	Art-Historical treasures							
3	Art-Fractional interests							,
4	Books and publications		Street Transformers					
5	Clothing and household							
	goods	1		157,952	FMV			
6	Cars and other vehicles			· · · · · · · · · · · · · · · · · · ·				
7	Boats and planes							,
8	intellectual property							
9	Securities-Publicly traded							
10	Securities-Closely held stock .							
11	Securities-Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation							
	contribution-Other							
15	Real estate-Residential		_					
16	Real estate—Commercial							
17	Real estate-Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (Facilities)	✓	1	25,000	FMV			
26	Other►()							
27	Other ► ()							
28	Other ► ( )							
29	Number of Forms 8283 received							
	which the organization completed	Form 8283	3, Part V, Donee Acknowled	Igement	29	0	-	
							Yes	No
30a	During the year, did the organizat					dis		
	28, that it must hold for at least the				i't required	1.16		ALC: NO
	to be used for exempt purposes t		e holding period?		• • •	<b>30</b> a	01	1
	If "Yes," describe the arrangemen							
31	Does the organization have a	gift accep	stance policy that require	es the review of any no	onstandard	No.	S. W.	1.5
-	contributions?		• • • • • • • • • •		• • •	31	1	
32a	Does the organization hire or use	•	-	•	ll noncash			
		• • • •			• • •	32a		1
	If "Yes," describe in Part II.					and And And And And And And And And And A	dist.	
33	If the organization didn't report an describe in Part II.	amount in	column (c) for a type of pro	perty for which column (a) i	s checked,			

Schedule M (	Form 990) 2021 Page <b>2</b>
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
*************	
<i></i>	
	***************************************
***********	
	88

**SCHEDULE O** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

2021 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury	Attach to Form 990 or Form 990-EZ.	Open to Public
Internal Revenue Service	► Go to www.irs.gov/Form990 for the latest information.	Inspection Employer identification number
Name of the organization HOPE IN A SUITCASE		Employer Identification number
employees of the payr	1a - Hope in a Suitcase uses an outside payroll company to process payroll. The er	nployees are treated as
employees of the pays	on company.	
Form 990, Part VI, Sec version before it is file	tion B, Line 11b - The Form 990 is prepared by the CFO. The Board reviews the form d.	1 and receives a copy of the final
Form 000 Dort M. Soo	tion B, Line 12c - Directors are required to disclose conflicts of interest when they c	Poole Disastore appually complete
	stionnaire. In addition, the Treasurer and CFO review the books and records for any	
is notified when there		
Form 990, Part VI, Sec	tion C, Line 19 - Governing documents and conflicts of interest policy are available	upon request.
**********		
********		
	•••••	
		,
***************************************	***************************************	
*****************************		
		- 10.000

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