Department of the Treasury

Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990PF for instructions and the latest information. For calendar year 2019 or tax year beginning , and ending

Name of foundation A Employer identification number -INCREASE HOPE FOUNDATION 47-4048499 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 248 S LAKE DR City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here LYNCHBURG, VA 24502 Check all that apply Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test. Address change Name change check here and attach computation . . . Check type of organization Section 501(c)(3) exempt private foundation E If private foundation status was terminated under Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation section 507(b)(1)(A), check here Fair market value of all assets at | J | Accounting method | X | Cash F If the foundation is in a 60-month termination Other (specify) end of year (from Part II, col (c), under section 507(b)(1)(B), check here (Part I, column (d), must be on cash basis) 6,740. line 16) ▶ \$ (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per income income purposes books the amounts in column (a) (see instructions)) (cash basis only) 95,500 Contributions, gifts, grants, etc., received (attach schedule) Check ▶ ☐ if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments . . . Dividends and interest from securities. . . 5 a Gross rents b Net rental income or (loss) 6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications . 10 a Gross sales less returns and allowances OGDEN. b Less Cost of goods sold c Gross profit or (loss) (attach schedule) Operating and Administrati便使與影響医D JAN I 11 Other income (attach schedule) Total. Add lines 1 through 11 95,500 Compensation of officers, directors, trustees, etc. Other employee salaries and wages. Pension plans, employee benefits . 16 a Legal fees (attach schedule) . **b** Accounting fees (attach schedule) c Other professional fees (attach schedule) Interest Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings . Printing and publications . 920 920. Other expenses (attach schedule) Total operating and administrative expenses. 920 Add lines 13 through 23 920 25 Contributions, gifts, grants paid 89,368 89,368. 90,288. 90,288. Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12 5,212 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)

| D. | ret II | Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only (See instructions.) | Beginning of year | End o | f year |
|--------------------|--------|--|--|----------------|--|
| 4 | | should be for end-of-year amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash – non-interest-bearing | 1,528. | 6,740. | 6,740. |
| | 2 | Savings and temporary cash investments | | | |
| | 3 | Accounts receivable | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 4 | Pledges receivable ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| ţ | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| Ğ | 10a | Investments – U S and state government obligations (attach schedule) | | | |
| | b | Investments – corporate stock (attach schedule). | | | |
| | С | Investments – corporate bonds (attach schedule) | | | |
| | 11 | Investments - land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation (attach schedule) ▶ | The state of the s | | TI THE THE PERSON OF THE PERSO |
| | 12 | Investments – mortgage loans | | - W | |
| | 13 | Investments – other (attach schedule) | | | · · · · |
| | 14 | Land, buildings, and equipment basis ▶ | | | |
| | | Less accumulated depreciation (attach schedule) ▶ | | | |
| | 15 | Other assets (describe ▶) | | | |
| | 16 | Total assets (to be completed by all filers – see the instructions. Also, | | | |
| | | see page 1, item I) | 1,528. | 6,740. | 6,740. |
| | 17 | Accounts payable and accrued expenses . | | | 1 |
| ຜ | 18 | Grants payable | | | |
| Liabilities | 19 | Deferred revenue | | • | 1 |
| Ē | 20 | Loans from officers, directors, trustees, and other disqualified persons . | | | |
| <u> </u> | 21 | Mortgages and other notes payable (attach schedule) | | | 1 |
| | 22 | Other liabilities (describe ▶) | | | 1 |
| | 23 | Total liabilities (add lines 17 through 22) | | | ì |
| Š | | Foundations that follow FASB ASC 958, check here | | | |
| ances | | and complete lines 24, 25, 29, and 30. | | | |
| <u>a</u> | l | Net assets without donor restrictions | 1,528. | 6,740. | |
| Bal | 25 | Net assets with donor restrictions | | | |
| | | Foundations that do not follow FASB ASC 958, check here | | | |
| ፷ | | and complete lines 26 through 30. | | | |
| Net Assets or Fund | 26 | Capital stock, trust principal, or current funds | | | |
| S | 27 | Paid-in or capital surplus, or land, bldg , and equipment fund | | | |
| ě | 28 | Retained earnings, accumulated income, endowment, or other funds | | | |
| 188 | 29 | Total net assets or fund balances (see instructions) | 1,528. | 6,740. | |
| 7 | 30 | Total liabilities and net assets/fund balances | | | |
| ž | | (see instructions) | 1,528. | 6,740. | |
| Р | art II | Analysis of Changes in Net Assets or Fund Balance | | | · |
| 1 | Tota | Il net assets or fund balances at beginning of year – Part II, column (a), line 29 | (must agree with end-of | -year | |
| | | re reported on prior year's return) | | . 1 | 1,528. |
| 2 | Ente | er amount from Part I, line 27a | | 2 | 5,212. |
| 3 | Oth | er increases not included in line 2 (itemize) | | 3 | 4, |
| 4 | | lines 1, 2, and 3 | | 4 | 6,740. |
| 5 | Dec | reases not included in line 2 (itemize) ▶ | | 5 | |
| 6 | | l net assets or fund balances at end of year (line 4 minus line 5) – Part II, colu | mn (b), line 29 | . 6 | 6,740. |
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| (a) List and describe the | e kind(s) of property sold (for example, real e, or common stock, 200 shs MLC Co) | | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
|--|--|--|--|-----------------------------------|---|
| 1a | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| е | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | or other basis | | n or (loss) (f) minus (g)) |
| a | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| е | | | | | <u></u> |
| Complete only for assets showing | gain in column (h) and owned by the fo | oundation on 12/31/6 | 59 | /I) Gains (Co | ol (h) gain minus |
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | s of col (ı) ol (ı), ıf any | col (k), but n | ot less than -0-) or (from col (h)) |
| а | | | | | |
| b | | | | | |
| c | | | | | - · |
| d | | | | | |
| е | | 1 | | | |
| 2 Capital gain net income or (net | , oup.ia. 1000) | in, also enter in Part ss), enter -0- in Part | | 2 | |
| 3 Net short-term capital gain or (| (loss) as defined in sections 1222(5) ai | • • | , | | |
| · · · · · · · · · · · · · · · · · | 8, column (c) See instructions If (los | | , | | |
| Part I, line 8 | to, column (c) oce mandenona in (los | 3), Chich -0- In | } | | |
| • | nder Section 4940(e) for Rec | · · · · · | Not love of more | 41,00000 | |
| "Yes," the foundation doesn't qualif | tion 4942 tax on the distributable amou | lete this part | · | | ☐ Yes 🛣 No |
| | at in each column for each year, see the | e instructions before | ·· | i | |
| (a) Base period years Calendar year (or tax year beginning ii | (b) Adjusted qualifying distributi n) | ons Net value of | (c) f nonchantable-use as | | (d) Distribution ratio b) divided by col (c)) |
| 2018 | | | | | |
| 2017 | | | | | |
| 2016 | | | | | |
| 2015 | | | | | |
| 2014 | | | | | |
| 2 Total of line 1, column (d) | | | | 2 | |
| | the 5-year base period – divide the totalen in existence if less than 5 years | al on line 2 by 5 0, o | r by the number of | 3 | |
| · | arıtable-use assets for 2019 from Part | Y line 5 | | . 4 | |
| | analis des deserts for 2010 from Fall | , , , , , , , , , , , , , , , , , , , | - | | |
| 5 Multiply line 4 by line 3 . | | | • • | 5 | |
| 6 Enter 1% of net investment i | ncome (1% of Part I, line 27b) | | | 6 | |
| 7 Add lines 5 and 6 | | | | . 7 | |
| 8 Enter qualifying distributions If line 8 is equal to or greater | from Part XII, line 4 | ine 1b. and complete | e that part using a 1 | 8 w tax rate | 90,288 |
| See the Part VI instructions | | , | - : / F | | |

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If "Yes," attach a schedule listing their names and addresses

| | Catomonia regulating receiving of | · · · · · · · · | | |
|------|--|--|--|-----|
| | | | Yes | No |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning | |] | l |
| | of section 512(b)(13)? If "Yes," attach schedule See instructions | 11 | | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person | 1 | i . | |
| | had advisory privileges? If "Yes," attach statement See instructions | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | i |
| | Website address ▶ increasehopefoundation.org | | 40 | |
| 14 | The books are in care of MARK A. SCOTT Telephone no (434) 489 |)-28 | 49 | |
| 45 | Located at ▶ 248 S LAKE DR LYNCHBURG, VA 24502 ZIP+4 ▶ 24502 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | • | | ▶ □ |
| 46 | and enter the amount of tax-exempt interest received or accrued during the year | | 1,4 | |
| 16 | At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority | | Yes | No |
| | over a bank, securities, or other financial account in a foreign country? | 16 | <u>. </u> | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," | 1 | | |
| Pari | enter the name of the foreign country VII-B Statements Regarding Activities for Which Form 4720 May Be Required | ــــــــــــــــــــــــــــــــــــــ | | L |
| ı ar | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | т | V | No. |
| 1a | During the year, did the foundation (either directly or indirectly) | - | Yes | No |
| ıa | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | 1 | į i | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | | | |
| | disqualified person? | 1 | | } |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for | | | |
| | the benefit or use of a disqualified person)? | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the |] | | |
| | foundation agreed to make a grant to or to employ the official for a period after | | | |
| | termination of government service, if terminating within 90 days) | 1 | i | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| - | section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance, check here | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | | | |
| | were not corrected before the first day of the tax year beginning in 2019? | 1c | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | | |
| | operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | |
| а | At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines | ì | | |
| | 6d and 6e) for tax year(s) beginning before 2019? | | | |
| | If "Yes," list the years ▶ | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | | | |
| | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to | | | |
| | all years listed, answer "No" and attach statement - see instructions) | 2b | | X |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | } | | |
| | | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | | | |
| | at any time during the year? | | | |
| b | If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or | | | |
| | disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the | | | |
| | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of | | | |
| | the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the | | | |
| | foundation had excess business holdings in 2019) | 3b | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | | | |
| | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019? | 4b | | X |

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|-----------|---------------|---------------------------|----------------------------|---------------------------------------|-----------------------|---------------------------------------|----------|----------|-------------------|----------------|
| | VII-B | | | s for Which Form | 1 4/20 May Be | Requirea (cont | inuea) | | | |
| 5a | | year, did the foundation | | | | | = | <u> </u> | Yes | No |
| | | | , | nce legislation (section 4 | ` '' | . ∐ Yes | X No | | | |
| | • - | • | • | (see section 4955), or t | to carry on, | _ | | 1 | | l |
| | directly | or indirectly, any voter | registration drive? | | | . LYes | X No | 1 | | |
| | (3) Provide | e a grant to an individua | al for travel, study, or o | ther similar purposes? | | 🗌 Yes | X No | | | |
| | (4) Provide | e a grant to an organiza | ition other than a chari | table, etc , organization (| described in | | | | | ĺ |
| | section | 4945(d)(4)(A)? See in | structions | | | 🔲 Yes | X No | 1 | | |
| | (5) Provide | for any purpose other | than religious, charita | ble, scientific, literary, or | educational | | | 1 | | |
| | purpos | es, or for the prevention | n of cruelty to children | or animals? | | 🗌 Yes | X No | | | |
| b | If any answ | er is "Yes" to 5a(1)-(5) | , did any of the transa | ictions fail to qualify und | er the exceptions des | scribed in | | l | | |
| | Regulations | s section 53 4945 or in | a current notice regard | ding disaster assistance | ? See instructions | | | . 5b | | |
| | Organizatio | ns relying on a current | notice regarding disas | ster assistance, check h | ere | | ▶ □ | | | |
| С | If the answe | er is "Yes" to question | 5a(4), does the founda | ation claim exemption fro | om the tax | | | | | |
| | because it i | maintained expenditure | responsibility for the | grant? | | . 🗌 Yes | ☐ No | | | |
| | | ach the statement requ | | | | _ | _ | | | |
| 6a | | | | rectly or indirectly, to pa | av premiums | | | | | |
| | | nal benefit contract? | | | | . Tyes | X No | | | ĺ |
| b | • | | r. pav premiums, direc | tly or indirectly, on a per | sonal benefit contrac | | | 6b | | х |
| - | | 6b, file Form 8870 | i, pay promisino, and | my or manoony, on a por | oonar bononk oonarac | | • • | 55 | | |
| 7a | | • | s the foundation a nar | ty to a prohibited tax she | elter transaction? | . Tyes | X No | | | |
| b | | - | | e any net income attribut | | _ | [5] 140 | 7b | | |
| 8 | | | • • | nent(s) of more than \$1, | | | • | " | | |
| ŭ | | on or excess parachute | , - | | 000,000 111 | □vaa | X No | | | l |
| Par | t VIII | | | ectors, Trustees, | Foundation M | LYes | | | 0)/06 | |
| ı aı | t VIII | and Contractor | | ectors, rrustees, | i ouncation in | anayers, mgm | y Faiu | Ешрі | Oyee | :5, |
| 1 | Liet all offi | | ···· | managers and their co | amnoncation Sec i | notructions | | | | |
| | LIST All OIII | | ees, and loundation | (b) Title, and average | (c) Compensation | (d) Contributions | to | | | |
| | | (a) Name and address | | hours per week | (If not paid, | employee benefit | plans | (e) Expe | nse ac allowar | count, aces |
| | | | | devoted to position | enter -0-) | and deferred compe | ensation | | | |
| | (A SC | | | DIRECTOR | l | į | | | | |
| - | | DR LYNCHBURG, | VA 24502 | 01.00 | 1 | ļ | | | | |
| | ARY K | | | DIRECTOR | | | | | | |
| 248 | S LAKE | DR LYNCHBURG, | VA 24502 | 01.00 | | | | | _ | |
| | | | | } | İ | 1 | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 2 | Compensa | ition of five highest-p | oaid employees (othe | er than those included | on line 1 - see inst | ructions). If none, | enter | | | |
| | "NONE." | | | | | | | | | |
| (a) Na | ame and addr | ess of each employee pa | id more than \$50,000 | (b) Title, and average hours per week | (c) Compensation | (d) Contributions employee benefit | | (e) Expe | | |
| | | | | devoted to position | | and deferred compe | | other | allowar | ices |
| | | | | | | | | | | |
| NONE | <u> </u> | | | | | | | | | |
| | | | | | İ | | | | | |
| NONE | <u> </u> | | | | | | | | | |
| | | | | | ĺ | - | | | | |
| NONE | | | | | | | | | | |
| | | | · | | 1 | | | | | |
| NONE | <u> </u> | | | | | † | | | | |
| | - | | | | | | | | | |
| NONE | 7. | | | † | | | | | | |
| 110111 | • | | | | | | | | | |
| Total n | umber of oth | ner employees paid ove | r \$50 000 | 1 | L | <u> </u> | — | | | |
| i Juli II | GILIDEL OLOIL | ioi ciripioyees paid ove | . 400,000 | | • • • • | • • • | | | | |

| Part IX-B | Summary of Program-Related Investments (see instructions) | |
|-------------------|---|--------|
| Describe the two | largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
| 1 | | |
| | | |
| - | | |
| 2 | | |
| | | |
| | | |
| All other program | n-related investments. See instructions | |
| 3 | | |
| | | |
| | | |
| Total. Add lines | 1 through 3 | . ▶ |

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Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

6

90,288.

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Adjusted qualifying distributions. Subtract line 5 from line 4

| | | | (a) Corpus | (b) Years prior to 2018 | (c) 2018 | (d) 2019 |
|--------|--|---|---------------|----------------------------|--|----------------------|
| 1 | Distributable amount for 2019 from | Dod Vi. ling 7 | | 1 cars prior to 2010 | 2010 | 2013 |
| 2 | Undistributed income, if any, as of the | | | | | |
| | | ì | | | | |
| a b | · | • • | | | | |
| 3 | Total for prior years Excess distributions carryover, if any | , to 2019 | | | | |
| э a | From 2014 | y, to 2019 | | | | |
| b | From 2015 | 25,005. | | | | |
| C | From 2016 | 65,650. | | | | l |
| d | From 2017 | 81,287. | | | | |
| e | From 2018 | 88,429. | | | | |
| f | Total of lines 3a through e | 00,423. | 260,371. | | ~ | |
| 4 | Qualifying distributions for 2019 from | n Part XII | 200,371. | | ***** | |
| • | line 4 ▶ \$ 90,288. | | | | | |
| а | Applied to 2018, but not more than I | ' | | | | • |
| b | Applied to undistributed income of p | } | | | - | |
| _ | (Election required - see instructions) | | | | | |
| С | Treated as distributions out of corpu | · · · · · · · · · · · · · · · · · · · | | | | |
| _ | required - see instructions) . | (| | | | , |
| d | Applied to 2019 distributable amoun | t Ì | · · · | | | |
| e | Remaining amount distributed out of | ì | 90,288. | | ······································ | - |
| 5 | Excess distributions carryover applic | · . | , | | | |
| | (If an amount appears in column (d) | 1 | | | | |
| | amount must be shown in column (a | a)) . | | | | |
| 6 | Enter the net total of each column | n as | | | | |
| | indicated below: | | | | | |
| а | Corpus Add lines 3f, 4c, and 4e St | ubtract line 5 | 350,659. | | | |
| b | Prior years' undistributed income S | ubtract | | | | |
| | line 4b from line 2b | [| | | | |
| С | Enter the amount of prior years' und | stributed | | | | |
| | income for which a notice of deficier | ncy has | | | | |
| | been issued, or on which the section | 1 4942(a) | | | | |
| | tax has been previously assessed. | | | | | |
| d | Subtract line 6c from line 6b Taxabi | e | | | | , |
| | amount - see instructions . | • | | | | |
| е | Undistributed income for 2018 Sub | 1 | | | | |
| | 4a from line 2a Taxable amount - se | e | | | | |
| | instructions | | | | | |
| f | Undistributed income for 2019 Sub | } | | | | |
| | 4d and 5 from line 1. This amount m | iust de | | | | |
| 7 | distributed in 2020 | | | | | ; |
| 7 | Amounts treated as distributions out to satisfy requirements imposed by: | , | | | | |
| | 170(b)(1)(F) or 4942(g)(3) (Election | | | | | 1 |
| | required - see instructions). | may be | | | | |
| 8 | Excess distributions carryover from | 2014 not | | | | |
| 0 | applied on line 5 or line 7 (see instru | | | | | |
| 9 | Excess distributions carry over to | | | | | |
| • | Subtract lines 7 and 8 from line 6a | , 2020. | 350,659. | | | |
| 10 | Analysis of line 9 | , l | 223,003. | - | | - |
| а | Excess from 2015 | 25,005. | | | | |
| b | Excess from 2016 | 65,650. | | | | |
| C | Excess from 2017 | 81,287. | | | | |
| d | Excess from 2018 | 88,429. | | | | |
| е | Excess from 2019 | 90,288. | | | | |

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|----------|--|---|---|---------------------------|-------------------------|--------------------|
| Part | XIV Private Operating Foundat | • • | | | | |
| 1a | If the foundation has received a ruling or det | ermination letter that | it is a private operatin | ng foundation, and | | |
| | the ruling is effective for 2019, enter the date | _ | | | | |
| b | Check box to indicate whether the foundation | ıs a private operatin | g foundation describe | ed in section | 494Ź(J)(3) | or 4942(j)(5) |
| 2a | Enter the lesser of the adjusted net income | Tax year | | Prior 3 years | | (e) Total |
| | from Part I or the minimum investment | (a) 2019 | (b) 2018 | (c) 2017 | /(d) 2016 | (e) Total |
| | return from Part X for each year listed. | | | | | |
| b | 85% of line 2a | | | | | |
| С | Qualifying distributions from Part XII, line 4, | | | | | |
| | for each year listed. | | | | | |
| d | Amounts included in line 2c not used directly | | | | | |
| | for active conduct of exempt activities | | ł | | | |
| е | Qualifying distributions made directly for | | | | | |
| | active conduct of exempt activities | | | | | j |
| | Subtract line 2d from line 2c | | | | | |
| 3 | Complete 3a, b, or c for the alternative | | | 4 | | |
| | test relied upon | | / | | | 1 |
| a | "Assets" alternative test enter | | | | | |
| | (1) Value of all assets . | | | | | |
| | (2) Value of assets qualifying under | | | | · | **** |
| | section 4942(j)(3)(B)(i) | | | | | |
| b | "Endowment" alternative test-enter 2/3 of | | | | | |
| | minimum investment return shown in Part X, line 6, for each year listed . | | / | | | |
| С | "Support" alternative test - enter | | / | | | |
| • | (1) Total support other than gross invest- | / | | | | |
| | ment income (interest, dividends, rents, | | | | | |
| | payments on securities loans (section | | | | | |
| | 512(a)(5)), or royalties) | | | | | |
| | (2) Support from general public and 5 or | / | | | | |
| | more exempt organizations as provided | | | | | |
| | in section 4942(j)(3)(B)(iii) | | | | 1 | |
| | (3) Largest amount of support from an | | | | 2, ., | |
| | exempt organization | | | | | |
| | (4) Gross investment income | / | | | · | • |
| Part | | (Complete this | s part only if th | e foundation ha | d \$5 000 or mo | re in assets at |
| | any time during the year-s | • | • | | 40,000 01 1110 | no in abboto at |
| 1 | Information Regarding Foundation Manage | ···· | ··· <i>j</i> | | | |
| | List any managers of the foundation who have | | n 2% of the total cont | tributions received by | the foundation before | the close of any |
| | tax year (but only if they have contributed more | | | induction received by | ine rearrigation perere | the close or any |
| | K A AND HILARY K SCOTT | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | List any managers of the foundation who own | ~= | ock of a corporation | (or an equally large no | rtion of the ownership | n of a partnership |
| | or other entity) of which the foundation has a 1 | | · · | (or an equally large po | tion of the ownership | o or a partnership |
| | or other ondry, or miles the roundation has a r | o 70 or grouter interes | • | | | |
| 2 | Information Regarding Contribution, Gran | t. Gift. Loan. Schola | rship, etc., Program | ns: | | |
| | Check here ▶ 🛣 if the foundation only make | | · · · · · · · | | es not accept unsolici | ted requests for |
| | funds If the foundation makes gifts, grants, et | | | | • | |
| | | , | g | , compre | | , |
| a | The name, address, and telephone number or | email address of the | person to whom appl | lications should be add | fressed | |
| _ | , | | рановина интентори | | | |
| | | | | | | |
| b | The form in which applications should be subr | nitted and information | and materials they s | hould include | - | |
| | ,, | | , | | | |
| | | | | | | |
| C / | Any submission deadlines | | | | | |
| | | | | | | |
| d A | Any restrictions or limitations on awards, such | as by geographical a | reas, charitable fields | s, kinds of institutions, | or other factors | |
| | | | | | | |

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation show any relationship to any foundation manager Purpose of grant or Amount status of contribution recipient Name and address (home or business) or substantial contributor a Paid during the year CHARLES KOOMSON MINISTRIES KN2298 ACCRA, KANESHIE, Ghana 16,615. ORGANIZATIONAL SUPPORT HOPE MINISTRIES TANZANIA NO 45220 MBGALA KUU, TEMEKE, Tanzania ORGANIZATIONAL SUPPORT 72,753. Total 3a 89,368. Approved for future payment Total

UYA

| | 9.000 | amounts unless otherwise indicated | Unrelated bus | | Excidded by Section | on 512, 513, or 514 | (e) Related or exemp |
|-------------------|--------------------------------|---|------------------------------------|---------------------------------------|---------------------------------|--|----------------------|
| | | | (a) | (b) | (c) | (d) | function income |
| 1 | Progra | am service revenue | Business code | Amount | Exclusion code | Amount | (See instructions |
| | a _ | | İ | | | | |
| | b _ | | | | | | |
| | c _ | | | | | | |
| | d _ | | | | | | |
| | е _ | | | | <u> </u> | | |
| | f _ | | | | | | <u> </u> |
| | g F | ees and contracts from government agencies | | | | | |
| 2 | Memb | pership dues and assessments | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| 3 | intere | st on savings and temporary cash investments. | | | | | |
| 4 | | ends and interest from securities | | | | ···· | |
| 5 | Net re | ental income or (loss) from real estate | | | | • | |
| | a D | ebt-financed property | | | <u> </u> | | |
| | p N | lot debt-financed property | | | | | <u> </u> |
| 6 | Net re | ental income or (loss) from personal property | | · · · · · · · · · · · · · · · · · · · | | | |
| 7 | Other | investment income. | | | | | <u> </u> |
| 8 | Gain | or (loss) from sales of assets other than inventory | Ĺ | | | | |
| 9 | Net in | come or (loss) from special events | | | | | |
| 10 | Gross | s profit or (loss) from sales of inventory | | | | | <u> </u> |
| 11 | Other | revenue a | | | | | |
| | | | | | | | |
| | c | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | е | | | | | | |
| 12 | Subto | otal Add columns (b), (d), and (e) | | | | | 1 |
| 14 | | (a), (a), (b), (c) | | | | | I |
| | | | | | | .13 | |
| 13 (Se | Total. works | . Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) | | | | .13 | |
| 13 (Sec Par | Total. works | . Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) -B Relationship of Activities to the A | Accomplishm | ent of Exem | pt Purposes | | |
| 13 (Sec Par | Total. works t XV No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income in the Activity for which inc | Accomplishm s reported in colun | ent of Exem | pt Purposes I-A contributed imp | ortantly to the acc | |
| 13 (Sec Par | Total. works | . Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) -B Relationship of Activities to the A | Accomplishm s reported in colun | ent of Exem | pt Purposes I-A contributed imp | ortantly to the acc | |
| 13 (Sec Par | Total. works t XV No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income in the Activity for which inc | Accomplishm s reported in colun | ent of Exem | pt Purposes I-A contributed imp | ortantly to the acc | |
| 13 (Sec Par | Total. works t XV No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income in the Activity for which inc | Accomplishm s reported in colun | ent of Exem | pt Purposes I-A contributed imp | ortantly to the acc | |
| 13 (Sec Par | Total. works t XV No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income in the Activity for which inc | Accomplishm s reported in colun | ent of Exem | pt Purposes I-A contributed imp | ortantly to the acc | |
| 13 (Sec Par | Total. works t XV No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income in the Activity for which inc | Accomplishm s reported in colun | ent of Exem | pt Purposes I-A contributed imp | ortantly to the acc | |
| 13 (Sec Par | Total. works t XV No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income in the Activity for which inc | Accomplishm s reported in colun | ent of Exem | pt Purposes -A contributed imp | ortantly to the acc | |
| 13 (Sec Par | Total. works t XV No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income in the Activity for which inc | Accomplishm s reported in colun | ent of Exem | pt Purposes -A contributed imp | ortantly to the acc | |
| 13 (Sec Par | Total. works t XV No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income in the Activity for which inc | Accomplishm s reported in colun | ent of Exem | pt Purposes -A contributed imp | ortantly to the acc | |
| 13 (Sec Par | Total. works t XV No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income in the Activity for which inc | Accomplishm s reported in colun | ent of Exem | pt Purposes -A contributed imp | ortantly to the acc | |
| 13 (Sec Par | Total. works t XV No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income in the Activity for which inc | Accomplishm s reported in colun | ent of Exem | pt Purposes -A contributed imp | ortantly to the acc | |
| 13 (Sec Par | Total. works t XV No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income in the Activity for which inc | Accomplishm s reported in colun | ent of Exem | pt Purposes -A contributed imp | ortantly to the acc | |
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| 13 (Sec Par | Total. works t XV No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income in the Activity for which inc | Accomplishm s reported in colun | ent of Exem | pt Purposes -A contributed imp | ortantly to the acc | |
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| 13 (Sec Par | Total. works t XV No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income in the Activity for which inc | Accomplishm s reported in colun | ent of Exem | pt Purposes -A contributed imp | ortantly to the acc | |
| 13 (Sec Par | Total. works t XV No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income in the Activity for which inc | Accomplishm s reported in colun | ent of Exem | pt Purposes -A contributed imp | ortantly to the acc | |
| 13 (Sec Par | Total. works t XV No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income in the Activity for which inc | Accomplishm s reported in colun | ent of Exem | pt Purposes -A contributed imp | ortantly to the acc | |
| 13 (Sec Par | Total. works t XV No. | Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income in the Activity for which inc | Accomplishm s reported in colun | ent of Exem | pt Purposes -A contributed imp | ortantly to the acc | |
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Form 990-PF (2019) INCREASE HOPE FOUNDATION Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash . . X (2) Other assets X 1a(2) Other transactions (1) Sales of assets to a noncharitable exempt organization X (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements 2 a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) . Yes No (other than section 501(c)(3)) or in section 527?... b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship

| | | 1 | | | |
|--------------|--|------------------------------------|--|----------------|--|
| | Under penalties of penury, I declare that I have examine | d this return, including accompany | ing schedules and statements, and to the bes | t of my knowle | dge and belief, it is true, |
| Sign Here | correct, and complete Declaration of greparer (other the | Matro | Director | th | ay the IRS discuss this return we preparer shown below? See structions |
| | Signature of officer or trustee | Øate / | Title | | Yes No |
| Paid | Print/Type preparer's name | Preparer's signature | Date | Check [|]if PTIN |

Preparer Use Only

self-employed Firm's name Firm's EIN Firm's address Phone no

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF.

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2019

Name of the organization

INCREASE HOPE FOUNDATION

Organization type (check one):

Employer identification number

47-4048499

| 4.9 4 | and type (eneck en | |
|--------------|---|---|
| Filers o | f: | Section: |
| Form 99 | 90 or 990-EZ | 501(c)() (enter number) organization |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | | 527 political organization |
| Form 99 | 90-PF | 501(c)(3) exempt private foundation |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | | 501(c)(3) taxable private foundation |
| | nly a section 501(c)(7 ons | covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See |
| X | - | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 r property) from any one contributor. Complete Parts I and II. See instructions for determining a ntributions. |
| Special | Rules | |
| | regulations under se 13, 16a, or 16b, and | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ^{1/3} % support test of the ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line that received from any one contributor, during the year, total contributions of the greater of (1) he amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. |
| | contributor, during th | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ne year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, all purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III |
| | contributor, during the contributions totaled during the year for a | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ne year, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received in exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the is to this organization because it received nonexclusively religious, charitable, etc., contributions for during the year. |

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

INCREASE HOPE FOUNDATION

Employer identification number

47-4048499

| Part I | Contributors (see instructions). Use duplicate co | ppies of Part I if additional space is | needed. |
|------------|--|--|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | MARK A SCOTT 248 S LAKE DR LYNCHBURG, VA 24502 | \$ 47,750 . | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | HILARY K SCOTT 248 S LAKE DR LYNCHBURG, VA 24502 | \$\$. | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |

Name of organization

INCREASE HOPE FOUNDATION

Employer identification number

47-4048499

| Noncash Property (see instructions). Ose duplicate of | opies of Part II if additional spa | ce is needed. |
|---|--|--|
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | <u> </u> | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
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| | (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given | Description of noncash property given S |

Schedule B (Form 990 990 EZ or 990-PF) (2019) Page 4 Name of organization Employer identification number INCREASE HOPE FOUNDATION 47-4048499 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once See instructions) Use duplicate copies of Part III if additional space is needed (a) No (b) Purpose of gift from (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Form 990-PF Other Expenses

Supporting Details for Form 990-PF. Part I, Line 23

| (a) Description | (b) Revenue and | | | (e) Disbursement |
|----------------------|-----------------------|--------|--------|------------------------|
| (2) | expenses per books | income | ıncome | for charitable purpose |
| BANK SERVICE CHARGES | 810. | 0. | 0 | 810 |
| OFFICE EXPENSES | 110 | 0. | 0. | 110 |
| | 0 | 0. | 0 | 0 |
| | 0 | 0 | 0. | 0 |
| | 0. | 0. | 0 | 0. |
| | 0 | 0 | 0 | 0 |
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| | 0 | 0. | 0 | 0 |
| | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0. | 0. |
| | 0. | 0 | 0. | 0. |
| | 0. | 0. | 0. | 0 |
| - | 0 | 0. | 0 | 0. |

Form 990-PF Amortization

Supporting Details for Form 990-PF Part I, Line 23

| Supporting Details for Form 990-PF Part I, Line 23 | | | | | | | | | |
|--|-------------|------------|---------------|--------------|--------------|------------|--------------|--------------|--|
| (a) Description | (b) Date | (c) Amount | (d) Deduction |) (e) | (f) Current | (g) Net | (h) Adjusted | (ı) Total | |
| | Acquired, | Amortized | for Prior | Amortization | Year | Investment | Net Income | Amount of | |
| | Completed o | ŗ | Years | Period | Amortization | Income | | Amortization | |
| | Expended | | | | | | | | |
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|--------|-------------|----|----|----|----|
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| 0. | 0. 0.000000 | 0. | 0. | 0. | 0. |
| 0. | 0. 0.000000 | 0. | 0. | 0. | 0. |
| 0. | 0. 0.000000 | 0. | 0. | 0. | 0. |
| 0. | 0. 0.000000 | 0. | 0. | 0. | 0. |
| 0. | 0. 0.000000 | 0. | 0. | 0. | 0. |
| 0. | 0. 0.000000 | 0. | 0. | 0. | 0. |
| 0. | 0. 0.000000 | 0. | 0. | 0. | 0. |
| 0. | 0. 0.000000 | 0. | 0. | 0. | 0. |