Department of the Treasury Internal Revenue Service

Short Form

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

AI	or the	2023 calenda	0 0 0 0 0 0 0 0 0 0	d ending	12/	/31/202	3		
B	Check if ap	oplicable:	C Name of organization		D Empl	oyer ide	entification number		
	Address c					92-0449829			
	Name cha	-					Telephone number		
=	Initial retur			919	9-357-1911				
	Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Grou	ıp Exer	nption		
=	Applicatio		Huntsville, AL 35824		Num	nber			
			Cash Accrual Other (specify):	н	Check	✓ if the	organization is not		
			incesshaileyshope.org				ch Schedule B		
	Tax-exempt status (check only one) – \checkmark 501(c)(3) \Box 501(c) () (insert no.) \Box 4947(a)(1) or \Box 527Tequared to attach conclusion of the status of the sta								
			Corporation □ Trust □ Association □ Other:			,			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more. or if tota	al assets				
			500,000 or more, file Form 990 instead of Form 990-EZ			. ¢	38,631		
	art I		e, Expenses, and Changes in Net Assets or Fund Baland						
			the organization used Schedule O to respond to any question	•			,		
	1		ins, gifts, grants, and similar amounts received			1	36,554		
	2		ervice revenue including government fees and contracts			2	0		
	3	-	ip dues and assessments			3	0		
	4	Investment	•			4	0		
	- 5a		unt from sale of assets other than inventory		0	-	0		
	b		or other basis and sales expenses		0				
Revenue	C D		s) from sale of assets other than inventory (subtract line 5b from l	ino 5a)	•	5c	0		
	6	Gaming an		50	0				
	a	-							
	a		ome from gaming (attach Schedule G if greater than	L					
	h		0 ons						
ě	b	Gross inco							
ž			aising events reported on line 1) (attach Schedule G if the h gross income and contributions exceeds \$15,000) 6b	I.	2 0 7 7				
					2,077				
	c d		t expenses from gaming and fundraising events <u>6c</u> e or (loss) from gaming and fundraising events (add lines 6a an		658 btract				
	u u			u ob anu su	Duaci	6d	1 410		
	70	,				ou	1,419		
	7a b				0				
	_				•	70			
	C C		t or (loss) from sales of inventory (subtract line 7b from line 7a) .			7c	0		
	8		nue (describe in Schedule O)		<u>· ·</u>	8 9	0		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				37,973		
	10 11		similar amounts paid (list in Schedule O)			10 11	0		
			id to or for members				0		
sec	12		her compensation, and employee benefits			12	0		
en	13		al fees and other payments to independent contractors			13	0		
Expenses	14		/, rent, utilities, and maintenance			14	0		
	15		ublications, postage, and shipping			15	57		
	16	Other expe	nses (describe in Schedule O)		<u> </u>	16	12,682		
	17		nses. Add lines 10 through 16			17	12,739		
ts	18		deficit) for the year (subtract line 17 from line 9)			18	25,234		
sse	19		or fund balances at beginning of year (from line 27, column (A)	, (
Ă		-	r figure reported on prior year's return)			19	3,754		
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)			20	0		
	21					21	28,988		
For	Paperv	work Reduct	ion Act Notice, see the separate instructions. Cat	. No. 10642I			Form 990-EZ (2023)		

Form 9	990-EZ (2023)					Page 2
Pa	t II Balance Sheets (see the instructions f	,				
	Check if the organization used Schedule	O to respond to an	ny question in this			<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			3,754	22	28,988
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)			0	24	0
25	Total assets			3,754	25	28,988
26	Total liabilities (describe in Schedule O)		[0	26	0
27	Net assets or fund balances (line 27 of column			3,754	27	28,988
Par	t III Statement of Program Service Accom	plishments (see th	e instructions for F	Part III)		
	Check if the organization used Schedule	O to respond to an	ny question in this	Part III 🛛 . 🗌	<i>i</i>	Expenses
What	is the organization's primary exempt purpose?	See Schedule O, Sta	tement 1			equired for section 1(c)(3) and 501(c)(4)
	ribe the organization's program service accomplis easured by expenses. In a clear and concise m				org	janizations; optional for lers.)
	ons benefited, and other relevant information for ea			.,		
28	1. HUGS FROM HAILEY PROGRAM: We sent 64 care	packages to childrer	n battling DIPG/DMG	brain		
	cancer, delivered Starbucks gift cards to 30 childhoo	od cancer patients in	February 2023 at St.	Jude Affiliate		
	(Continued on Schedule O, Statement 2)		·····			
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here	🗍	28	a 6,665
29	2. HOPE FROM HAILEY PROGRAM: Our organization				-	
	Funding Alliance to help fund the National DMG Brai					
	(Continued on Schedule O, Statement 3)					
		includes foreign gra	nts chack hara		29	a 5,000
20	× ,				25	a 5,000
30	AWARENESS: A total of \$674.50 was spent on DIPG					
	included Foundation wristbands to distribute to men	nbers of our commun	nity (\$120.49), a table	cloth with the		
	(Continued on Schedule O, Statement 4)					
		includes foreign gra			30	a 675
31	Other program services (describe in Schedule O)					
		includes foreign gra			31	a 0
32	Total program service expenses (add lines 28a t				32	12/010
Par					nstru	uctions for Part IV)
	Check if the organization used Schedule	O to respond to an	ny question in this	Part IV	•	🔲
			(c) Reportable	(d) Health benefits,		
	(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MISC)	contributions to employ	ee (e	e) Estimated amount of
	(a) Name and title	devoted to position	1099-NEC)	benefit plans, and		other compensation
			(if not paid, enter -0-)	deferred compensation	'	
Delia	N Acevedo	40.00	0		0	0
	ctor & President		-			
	stine Carpino	5.00	0)	0	0
	ctor & Secretary					•
	os Acevedo	10.00	C		0	0
		10.00		, 	U	U
	ctor & Treasurer	F 00			_	
	ph Limberg	5.00	0		0	0
Direc	ctor				_	
		1				
		1				

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Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this				
			Yes	No	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	00			
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		~	
04	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the				
	change on Schedule O. See instructions	34		~	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business				
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~	
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b			
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets				
	during the year? If "Yes," complete applicable parts of Schedule N	36		~	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0				
b	Did the organization file Form 1120-POL for this year?	37b		~	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~	
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	308		~	
39	Section 501(c)(7) organizations. Enter:	-			
а	Initiation fees and capital contributions included on line 9				
b	Gross receipts, included on line 9, for public use of club facilities	-			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:				
b	section 4911:0; section 4912:0; section 4955:0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958				
D	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year				
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~	
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed				
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line				
	40c reimbursed by the organization				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				
41	transaction? If "Yes," complete Form 8886-T	40e		~	
42a	The ergenization's books are in core of Datis Assured	010-35	7-1911	1	
		358			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		~	
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and				
	Financial Accounts (FBAR).				
с	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		•	
43	If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here				
	and enter the amount of tax-exempt interest received or accrued during the tax year	• •	• •		
			Yes	No	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~	
с	Did the organization receive any payments for indoor tanning services during the year?	44D 44c		<u>v</u>	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			-	
	explanation in Schedule O	44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~	
b	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," Form 990 and Schedule R may need to be completed instead of				
	Form 990-EZ. See instructions	45b		V	

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			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition			
	to candidates for public office? If "Yes," complete Schedule C, Part I	46		V

Part VI	Section 501(c)(3) Organizations Only
	All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines
	50 and 51.

	Check if the organization used Schedule O to respond to any question in this Part VI			
			Yes	No
47	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	47		~
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		~
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		~
b	If "Yes," was the related organization a section 527 organization?	49b		
50	Opened by the table for the second structure that the second seco			-1.1

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

•

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		
d Total number of other independent contractors each receiving	over \$100,000	

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a

_____ completed Schedule A _____ Yes 🗌 No

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 Date Delia Acevedo, President Date						
	Type or print name and title						
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if if self-employed	PTIN	
Use Only	Firm's name			Firm's EIN			
	Firm's address	Phone no.					
May the IRS	Any the IRS discuss this return with the preparer shown above? See instructions						

SCHEDULE	F
(Form 990)	

Public Charity Status and Public Support

OMB No. 1545-0047

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.

Open to Public
Inspection

Name of the organization

Employer identification number

92-0449829

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

. .

- f Enter the number of supported organizations . . .
- g Provide the following information about the supported organization(s)

3		jerrea erganization(e)				
(i) Name of supported organization	(ii) EIN	N (iii) Type of organization (described on lines 1–10 above (see instructions))		organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to gualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (d) 2022 (c) 2021 (e) 2023 (f) Total Gifts, grants, contributions, and 1 membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 . . . 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 6 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) % 14 14 15 15 % 331/3% support test-2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 16a 331/3% support test-2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check h 17a 10%-facts-and-circumstances test-2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported \square b 10%-facts-and-circumstances test-2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18 instructions

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

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

Secti	Section A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")				8,675	36,554	45,229
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				0	2,077	2,077
3	Gross receipts from activities that are not an unrelated trade or business under section 513				0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf				0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge				0	0	0
6	Total. Add lines 1 through 5	0	0	0	8,675	38,631	47,306
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				0	0	0
b	Amounts included on lines 2 and 3						<u> </u>
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year				0	0	0
c	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from						
Secti	line 6.)						47,306
-	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	0	(0) 2020	0	8,675	38,631	47,306
10a	Gross income from interest, dividends,				0,010		,
	payments received on securities loans, rents, royalties, and income from similar sources				0	0	0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975 .				0	0	0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on				0		
12	Other income. Do not include gain or				0	0	0
12	loss from the sale of capital assets						
	(Explain in Part VI.)				0	0	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	8,675	38,631	47,306
14	First 5 years. If the Form 990 is for the	•			-		
0	organization, check this box and stop he						· · · V
	on C. Computation of Public Suppor	-		10		45	
15 16	Public support percentage for 2023 (line 8 Public support percentage from 2022 Sch					15 16	<u>%</u> %
	on D. Computation of Investment In			<u></u>	<u></u>		70
17			-	ov line 13. colu	mn (f))	17	%
18							
19a	331/3% support tests-2023. If the organ	ization did not	check the box	on line 14, ar	id line 15 is m	ore than 331/39	6, and line
	17 is not more than $33^{1}/_{3}\%$, check this box	-	-	-		-	
b	331 / ₃ % support tests – 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/ ₃ %, and line 18 is not more than 331/ ₃ %, check this box and stop here . The organization qualifies as a publicly supported organization .						
20	0 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .						
	Schedule A (Form 990) 2023						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

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

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 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

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С 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.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а 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.
- 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ions A through E.	
Section A—Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	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):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	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			
Sect	ion C—Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	allv i	ntegrated Type III suppo	rting organization	

Schedule A (Form 990) 2023

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

Schedu	le A (Form 990) 2023			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			
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	oses of supported orga	inizations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	1	<i>VI</i>) 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 (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10)
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

Part VISupplemental 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.)

SCHEDULE O (Form 990)

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.

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



Department of the Treasury Internal Revenue Service Name of the organization

PRINCESS HAILEY'S HOPE FOUNDATION

Employer identification number

92-0449829

Form 990-EZ, Part I, Line 16 - (1) HUGS FROM HAILEY PROGRAM EXPENSES (\$6665.23): Our Hugs from Hailey program was our largest, as measured by expenses, in FY2023. This program seeks to brighten the days of children who have been diagnosed with cancer. We send personalized care packages, called Hugs, to children who are battling DIPG/DMG to encourage them to keep fighting. This year, we sent 64 Hugs packages to children fighting this form of brain cancer. In addition to our Hugs boxes, we also provide treats and toys to childhood cancer patients at our local St. Jude Affiliate Clinic in Huntsville, AL, and to The Caring House at Huntsville Hospital, which provides play therapy and counseling services to pediatric hospice patients and their siblings. In February, we delivered 30 Starbucks gift cards to St. Jude Affiliate Clinic patients, as well as art kits and games to help occupy their time during clinic appointments. In December, we delivered 18 Christmas stockings to the St. Jude Affiliate Clinic that were filled with holiday-themed crafts and toys and another 60 toys to The Caring House for use in their hospice and grief therapy programs. The total number of children who benefitted from the Hugs from Hailey program in FY2023 is 172. (2) HOPE FROM HAILEY PROGRAM EXPENSES (\$5000): Our second largest expense in FY2023 was our Hope from Hailey program. As part of this program, we contributed \$5,000 to the DIPG/DMG Research Funding Alliance (DDRFA) and partnered with other foundations to fund the National DIPG/DMG Tumor Board. This tumor board offers referring oncologists advice from a panel of DIPG experts on the best treatment paths for their patients at critical junctures in their cancer battles. This advice is a free and confidential resource for patient families in the United States. The members of the tumor board meet twice per month to discuss referred patient cases and provide treatment and clinical trial recommendations to referring oncologists. Not only do individual patients benefit, but the discussions also serve as a natural learning loop for tumor board members and the oncologists who refer patients. Participating oncologists have the opportunity to learn from their peers, share what they have learned with other neuro-oncologists and practitioners at their home institutions, and improve patient care in real-time. The National Tumor Board has consulted on approximately 180 cases. However, the total number of persons benefitting cannot be known since the benefit extends beyond the individual patients being discussed in tumor board meetings. **Princess Hailey's Hope Foundation also funds DIPG research as part of our Hope from Hailey program through our partnership with DDRFA; however, our research contribution for the Spring 2023 grant cycle was prepaid in FY2022 and funding commitments for the Winter 2023 cycle were not finalized by December 31, 2023. (3) DIPG AWARENESS EXPENSES (\$674.50): This includes the costs of Foundation wristbands (\$120.49); a tablecloth with the Foundation logo for community events (\$41.63); Foundation brochures (\$205); annual website and domain fees (\$191.52); and a City of Madison DIPG Awareness tree that was purchased and decorated with the names of the DIPG/DMG warriors that Princess Hailey's Hope Foundation has served thus far (\$115.86). (4) OPERATING EXPENSES (\$342.03): This category includes the costs of Venmo donation fees (\$26.42); bank fees (\$31.50); office supplies (\$10.11); the Alabama Registered Agent fee (\$249); and the annual Alabama Charitable Organization Registration fee (\$25).

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PRINCESS HAILEY'S HOPE FOUNDATION

EIN: 92-0449829

Part III

Primary Exempt Purpose

Primary Exempt Purpose

The primary purpose of Princess Hailey's Hope Foundation is (1) to raise funds to support pediatric brain cancer research, with an emphasis on Diffuse Intrinsic Pontine Glioma (DIPG), (2) to raise funds to support children fighting cancer, with an emphasis on those who have been diagnosed with Diffuse Intrinsic Pontine Glioma (DIPG), and (3) to raise awareness of childhood cancer, which is the leading cause of death by disease among children.

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PRINCESS HAILEY'S HOPE FOUNDATION

EIN: 92-0449829

Part III, Line 28

First Program Service Accomplishments Description

Description

Clinic-Huntsville, packaged and delivered 18 Christmas stockings with holiday-themed crafts and toys to childhood cancer patients at St. Jude Affiliate Clinic-Huntsville in December 2023, and delivered 60 toys for pediatric hospice patients and their siblings undergoing grief counseling at The Caring House-Huntsville Hospital for their holiday toy drive. Total Number of Children Benefitted: 172

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PRINCESS HAILEY'S HOPE FOUNDATION

EIN: 92-0449829

Part III, Line 29

Second Program Service Accomplishments Description

Description

patient families and their treating oncologists. This is a free and confidential service to patient families. The National DIPG/DMG Brain Tumor Board has consulted on approximately 180 cases, but the total number of people benefitted cannot be known since the benefit extends beyond the individual patients being discussed in tumor board meetings.

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PRINCESS HAILEY'S HOPE FOUNDATION

EIN: 92-0449829

Part III, Line 30

Third Program Service Accomplishments Description

Description

Foundation's logo for community awareness and fundraising events (\$41.63), Foundation brochures (\$205), our annual website and domain fees (\$191.52), and a DIPG Awareness tree that we purchased and decorated with the names of the DIPG/DMG warriors that we have served for the City of Madison (\$115.86). The total number of persons who benefitted is unknown.