

**FOR TAX YEAR 2022**

HAWASSA HOPE INC

Stephen T Shickel CPA PLC

PO Box 2277

Staunton, VA 24402-2277

(540)887-2200

# Return of Organization Exempt From Income Tax

## 2022

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

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Hawassa Hope Inc</b> Doing business as		<b>D</b> Employer identification number <b>81-3381691</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2096 Old Greenville Road</b>		<b>E</b> Telephone number
	City or town, state or province, country, and ZIP or foreign postal code <b>Staunton, VA 24401</b>		<b>G</b> Gross receipts \$ <b>522,431</b>
	<b>F</b> Name and address of principal officer: <b>Gregory Knight</b> <b>2096 Old Greenville Road Staunton VA 24401</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>N/A</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>2016</b>	<b>M</b> State of legal domicile: <b>VA</b>

### Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>Lift Widows and Orphans from Poverty</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	3	
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	1	
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	445,440	521,371
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	72	1,060
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	445,512	522,431	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	274,527	438,249
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,303	14,264
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	3,239	3,688
	b	Total fundraising expenses (Part IX, column (D), line 25)	5,432	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,841	9,661
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	297,910	465,862
19	Revenue less expenses. Subtract line 18 from line 12	147,602	56,569	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	473,835	531,715
	21	Total liabilities (Part X, line 26)	571	1,882
22	Net assets or fund balances. Subtract line 21 from line 20	473,264	529,833	

### Part II Signature Block

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

Sign Here	Charisa Knight		
	Signature of officer		Date
	Charisa Knight, Executive Director		
	Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Stephen T Shickel CPA CGMA	Stephen T Shickel CPA CGMA	11-13-2023		XXXXXX0830
	Firm's name	Firm's EIN		Phone no.	
	Stephen T Shickel CPA PLC			540-887-2200	
	Firm's address				
	PO Box 2277				
	Staunton VA 24402-2277				

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

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
**Lift Widows and Orphans from Poverty**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 449,350 including grants of \$ \_\_\_\_\_) (Revenue \$ 522,430)  
**Sponsorship program ensures families have access to basic necessities, school, monthly visits from social workers, medical care, and animals for sustenance. Orphanage support partnership with Ajuuja Childrens Home Association in Ethiopia with the goal of local adoption or foster care. The support ensures the orphans have medical care, formula, clothing, and a safe, nurturing environment.**

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

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

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

**4e** Total program service expenses **449,350**