


**The White Family Foundation
Grant Request #799
Liz's Legacy Foundation, Inc.
March 21, 2023**

Date of grant proposal submission	Tuesday, March 21, 2023
Are you an IRS compliant 501(c)3 public charity/nonprofit?	Yes
Legal name of organization	Liz's Legacy Foundation, Inc.
Address	 P.O. Box 155 Windermere, FL 34787 United States
Website	http://www.lizlegacyfoundation.com
Telephone	407-325-8185
Organization Director/Title	David Stokes, President
Contact Person/Title	Margaret Stokes, VP
Contact Person's Telephone	321-352-7186
Contact Person's Email	mail@lizlegacyfoundation.com
Grant Request Amount	\$20,000.00

Please provide us with a brief description of your organization (no more than 500 words).

Our Mission:

Liz's Legacy Foundation is a faith-based organization dedicated to ensuring that children and teens in crisis receive life changing mental health counseling to improve their lives and their family's lives.

What We Do:

Through our partnerships with qualified counseling centers and counselors, we fund three programs:

- Access to a planned scholarship program for our twelve partner centers, (14 locations)
- Access to emergency counseling help for kids in crisis, such as from threat of suicide or parental abuse,
- Facilitation of parent and guardian group classes to address needed training for parents before tough situations spiral out of control into crisis.
- Annual Two-Day Training Seminar event, Cultivating Kids

Our programs work because we provide immediate and effective access for families in need to get the help they need from Christian based Counselors and Centers. We are committed to the understanding that therapy, counseling, and any mental health support is not amoral. Our families are in crisis in great part because of the absence of religion in our society. Children need hope and faith. Parents need training on how to help the children in their care before crisis and life-threatening situations become their normal.

In addition to the targeted and emergency counseling scholarships, we have been able to provide group classes for parents and guardians of children and teens. Most of these groups target elementary and preschool aged children. The recent pandemic and our society's response to Covid has revealed extreme mental health instability in many of our community's youngest and most vulnerable members. Parents and Guardians are struggling to address their various needs. The group sessions focus on topics such as anger, anxiety, bullying, social media victimization, mental abuse, and the current trend on gender-related issues.

In March of 2023, Liz's Legacy Foundation hosted a two-day seminar for parents and guardians, Cultivating Kids. The event was marketed through local church groups, parent groups, schools, and counseling centers. Our partner LMHC Counselors provided 10 different sessions with topics such as those listed above. Two of the most popular classes of the day were TBRI, or Trust Based Relationship Intervention, and ART, Accelerated Resolution Training. Based on the positive response and need in the community for events such as this, we intend to offer these on a regular basis, possibly even bi-annually. In this way, we can reach more people and provide the information parents need to help their children.

Grant Purpose (one paragraph)

Your Help is Needed:

We are grateful! The White Family Foundation has approved our grant requests for the past four years; we are proud of what we have accomplished together. It was through your generous grants that we were able to increase from supporting eight centers to fourteen centers! We are confident that the centers are in specific and targeted areas and we are able to assist the center's leadership with further developing access for children and training for parents in these targeted geographic areas.

For 2023 and 2024, we need your help continuing to fund scholarships for families to use for counseling. We are requesting \$15,000.00 to assist with the mental health counseling for teens and kids and small group sessions offered by our partner centers. This amount would allow us to annually designate \$1000.00--\$1500.00 for each of our Counseling centers in the Central Florida area. We are also requesting \$5000.00 for our annual event, Cultivating Kids. This two-day seminar based event for parents and caregivers provides much needed education and solutions based help for families who are dealing with mental health impacts in their children and teens. The evidence is clear that these group events provide the training needed to parents and caregivers to stop the cycle of crisis that many of these families experience as their day-to-day normal. These events help families with good mental health habits which decreases the burden on the counseling centers for one-on-one therapy and emergency therapy. Our focus for 2023 and 2024 is to train as many parents as possible to support their children's mental health needs before they turn into crisis. We hope to become our area's premier source for parent training on children's mental health issues.

Liz's Legacy Foundation is requesting that the White Family Foundation grant us \$20,000.00 for the 2023 year. This increase will allow us to prioritize the individualized counseling needed for so many children and teens and while also providing us the means to underwrite a portion of the hard costs of the annual parent training seminar. We are confident that the scope of this grant will help us to build a reliable template for large group parent trainings and classes.

Thank you for your consideration.

David Stokes, President
Margaret & Jimmy Stokes, Founders

Annual Project/Program Budget (if request is for a specific project)	\$250,000.00
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Annual Organization Budget	\$250,000.00
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LIZ'S LEGACY

providing counseling for children & teens

Proposal

Submitted to:
The White Family Foundation
May 25, 2023



LIZ'S LEGACY

providing counseling for children & teens

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May 25, 2023

The White Family Foundation
P.O. Box 2491
Tarpon Springs, Florida 34689

Dear Trustees,

Thank you for your continued support for the past four years! We are so grateful. Liz's Legacy Foundation is celebrating its 7th year in existence. We continue to create a way for children and teens to access necessary—and often life-saving—faith based, mental health counseling. In most situations, these children would not be able to afford these expensive services—services that our current health system defines as elective.

We would like to thank you for allowing us the opportunity to apply for a grant from The White Family Foundation. Our hope is that as you read and learn about us and our mission, you will choose to partner with us as we provide mental health counseling help for children and teens in the Central Florida communities.

Sincerely,

Jim and Margaret Stokes
Founders
Liz's Legacy Foundation

Phone: 407 325 8185
mail@lizlegacyfoundation.com

Proposal Narrative/Case Statement:

Our Story:

Liz's Legacy Foundation is a faith-based organization dedicated to ensuring that children and teens in crisis receive free, or significantly reduced, life changing mental health counseling to improve their lives and their family's lives.

Liz's Legacy Foundation began in 2016 to honor our beloved daughter, Mary Elizabeth Stokes, who tragically passed away on July 9, 2015 from a previously, unknown heart condition. Liz was only 32. As a licensed mental health counselor in Central Florida, Liz specialized in working with children and teenagers. Her mission to provide life changing mental health counseling to children inspired her family to continue her work. Since 2016, together with our son and daughter-in-law, David and Danielle Stokes, and an involved board of Trustees, we have worked to continue Liz's purpose to help children.

What We Do:

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Why We Do What We Do:

Early intervention is crucial. Mental health disorders are often chronic, progressive, and can become fatal. Childhood experiences impact behavior and mental health throughout a person's lifespan. Left unaddressed, negative experiences result in mental health issues, physical health issues, substance abuse, and increased criminal activity.

How We Do What We Do:

Through an intense interview process, Liz's Legacy Foundation screens and partners with the best counseling centers and counselors in the greater Orlando and Central Florida area. These licensed mental health professionals counsel from a faith-based perspective. Children and their families work directly with the centers of their choice and are required to participate financially to the extent that they are able. Liz's Legacy provides scholarship funds directly to the centers; the centers provide the Foundation with detailed reports on the types of issues being addressed and the amount of the need. Liz's Legacy never has access to personal information.

Scholarships are need based and families are required to contribute something, even if only \$5-10 a session. It is important that the families are vested in the desired outcomes. The value of a counseling session is \$150-\$200 per session; this cost is prohibitive for most families. Liz's Legacy provides \$50-60 per session. The Centers provide an in-kind donation to make up the difference. The typical duration of a counseling series is 10-15 sessions over 3-4 months.

Our counseling centers keep us informed of lengthy wait lists. In the past year we have incorporated the small group parent classes and small group children therapy sessions to help meet the growing demand for help. Many of our parents are motivated to get the help before the situations with their children become crisis.

Some of the issues that our partner centers address, include:

- Anxiety
- Grief
- Abuse
- Anger
- Sexual Issues
- Bullying
- Divorce Issues
- Suicidal Thoughts
- Self-Harm
- Autism Spectrum Issues
- Substance Abuse

- Eating Disorders
- Depression
- Adoption Issues
- ADHD
- Learning Issues
- Family Conflict
- Sex-Trafficking/Sexual Abuse

Your Help is Needed:

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For 2023 and 2024, we need your help continuing to fund scholarships for families to use for counseling needs. We are requesting \$15,000.00 to assist with the mental health counseling for teens and kids and small group sessions offered by our partner centers. This amount would allow us to annually designate \$1000.00--\$1500.00 for each of our Counseling centers in the Central Florida area. We are also requesting \$5000.00 for our annual event, Cultivating Kids. This two-day seminar-based event for parents and caregivers provides much needed education and solutions-based help for families who are dealing with mental health impacts in their children and teens. The evidence is clear that these group events provide the training needed to parents and caregivers to stop the cycle of crisis that many of these families experience as their day-to-day normal. These events help families with good mental health habits which decreases the burden on the counseling centers for one-on-one therapy and emergency therapy. Our focus for 2023 and 2024 is to train as many parents as possible to support their children's mental health needs before they turn into crisis. We hope to become our area's premier source for parent training on children's mental health issues.

Liz's Legacy Foundation is requesting that the White Family Foundation grant us \$20,000.00 for the 2024 year. This increase will allow us to prioritize the individualized counseling needed for so many children and teens and while also providing us the means to underwrite a portion of the hard costs of the annual parent training seminar. We are confident that the scope of this grant will help us to build a reliable template for large group parent trainings and classes.

Liz's Legacy is a Florida licensed Charity and a qualified 501(c)(3) charity organization that pursues various fund-raising efforts in support of its mission. Liz's Legacy Board of Directors and 'Friends of the Foundation' donate their time and contribute separately to the Foundation's operating cost. Because of the generosity of our Board and our Founders and many in-kind donations from various vendor partners, Liz's Legacy Foundation continues to use **100% of donated funds to support our programs.**

In closing, thank you for the opportunity to apply for a grant with The White Family Foundation. Please let us know if we can provide more information.

Gratefully,

David Stokes, President
Jimmy & Margaret Stokes, Founders
The Liz's Legacy Foundation



Liz's Legacy Foundation
Counseling/Social Media/Donor Metrics by Year

* thru '6-28-23

LIZ'S LEGACY
providing counseling for children & teens

www.lizlegacyfoundation.org

Year	Children and Teenagers					Adults									
	Individual		Group			Individual		Group				Conferences			
	#	#	#	# of 1 hr	#	#	sessions	#	# of 2 hr	# of 1 hr	#	#	# of 1 hr		
	Clients	Sessions	Clients	Sessions	groups			adults	Other Sessions	Parenting Sessions	groups	adults	Parenting & other Sessions		
2016	20	80													
2017	95	500													
2018	139	842													
2019	165	985													
2020	170	1253	38	30	4	9	27	61	8	6	2				
2021	196	1534	72	18	5	2	20	88	16	1	5				
2022	220	1487	144	70	9	0	0	40	0	48	4	60	15		
* 2023	156	983	118	61	8	10	33	16	0	24	3	156	12		
Total	1161	7664	372	179	26	21	80	205	24	79	14	216	27		

* 6-28-23

Children & Teenagers	#	sessions
individual	1161	7,664
Group	372	179
total	1,533	7,843
Parents		
individuals	21	80
group	205	103
conferences	216	27
total	442	210
Grand Total	1,975	8,053

Children and Teenagers

ave age

Male	40%	11.6
Female	60%	11.7



Totals

Thru 6-28-23

Donors										
	2016	2017	2018	2019	2020	2021	2022	2023		
Number	8	78 *	40	47	81	93	76	53		
New	8	70 *	22	7	34	45	20	24		
On file	8	78	100	107	141	186	206	230		

* 60 due to 'in memory of' services

Centers/Counselors										
	2016	2017	2018	2019	2020	2021	2022	2023		
Centers	3	3	5	8	10	12	14	15		
Counselors	8	12	17	23	32	33	38	43		

Total Children and Teenagers										
	2016	2017	2018	2019	2020	2021	2022	2023		
Child/teens	20	95	139	165	208	268	364	274		
Sessions	80	500	842	985	1283	1552	1557	1044		
Groups					4	5	9	8		
scholarships	20	95	139	165	170	196	220	156		

Adults										
	2016	2017	2018	2019	2020	2021	2022	2023		
Adults					61	88	40	16		
Sessions					14	17	48	24		
Groups					2	5	4	3		
Conf attendee							60	156		
# Conf							1	1		



Thru 6-28-23

Totals Year Ending

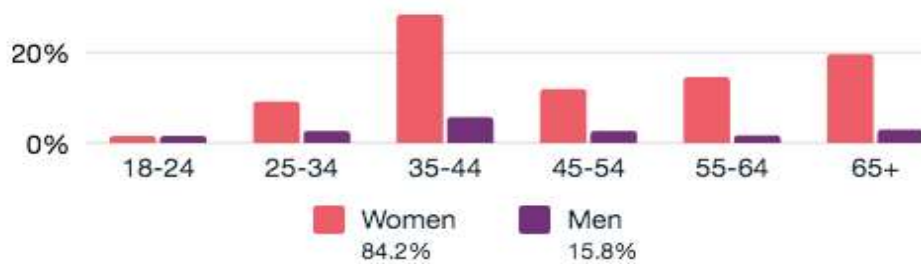
Social Media												
							2020		2021		2022	2023
Facebook							368		414		411	<i>tbd</i>
Instagram							176		184		195	<i>tbd</i>

Audience ⓘ

Facebook Page likes ⓘ

411

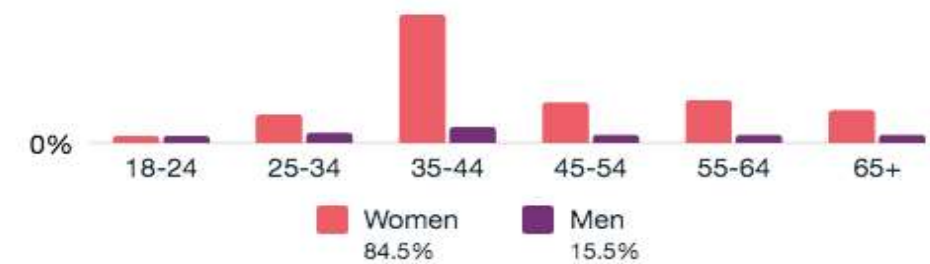
Age & gender ⓘ



Instagram followers ⓘ

195

Age & gender ⓘ



Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

B Check if applicable: <input checked="" 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	C Name of organization Liz's Legacy, Inc.		D Employer identification number **-***7058
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 8611 French Oak Drive		E Telephone number 321-436-1118
	City or town, state or province, country, and ZIP or foreign postal code Orlando FL 32835		F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify) _____

I Website: **www.lizlegacyfoundation.com**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

H Check if the organization is not required to attach Schedule B (Form 990).

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) \$ **173,468**

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received															172,347												
	2	Program service revenue including government fees and contracts															948												
	3	Membership dues and assessments																											
	4	Investment income															39												
	5a	Gross amount from sale of assets other than inventory																											
	b	Less: cost or other basis and sales expenses																											
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)																											
	6	Gaming and fundraising events:																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																											
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																											
c	Less: direct expenses from gaming and fundraising events																												
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																												
7a	Gross sales of inventory, less returns and allowances																												
b	Less: cost of goods sold																												
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)																												
8	Other revenue (describe in Schedule O)															134													
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8															173,468													
Expenses	10	Grants and similar amounts paid (list in Schedule O)																											
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits																											
	13	Professional fees and other payments to independent contractors																											
	14	Occupancy, rent, utilities, and maintenance																											
	15	Printing, publications, postage, and shipping																											
	16	Other expenses (describe in Schedule O)																											
17	Total expenses. Add lines 10 through 16															145,423													
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)															28,045												
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)															458,552												
	20	Other changes in net assets or fund balances (explain in Schedule O)																											
	21	Net assets or fund balances at end of year. Combine lines 18 through 20															486,597												

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2022)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	458,552	22	486,597
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	458,552	25	486,597
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	458,552	27	486,597

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 Provide scholarships to children and teens for mental health counseling	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	82,441
29 Provide grants to qualifying and deserving mental health counseling centers.	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	31,800
30 Hope & Health Event - Counseling Sessions designed to provide parenting skills to parents.	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	2,486
31 Other program services (describe in Schedule O)	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	116,727

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
James A. Stokes Treasurer/Director	8.00	0	0	0
Margaret H. Stokes Vice Pres/Secretary	4.00	0	0	0
David A. Stokes President	1.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

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
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
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)?
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 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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
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?
b If "Yes," complete Schedule L, Part II, and enter the total amount involved
38b
39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9
b Gross receipts, included on line 9, for public use of club facilities
39a
39b
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 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
c 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
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
40e
41 List the states with which a copy of this return is filed None
42a The organization's books are in care of James A. Stokes Telephone no. 321-436-1118
8611 French Oak Drive
Located at Orlando FL ZIP + 4 32835
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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).
42b
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country
42c
43 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 43
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
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
c Did the organization receive any payments for indoor tanning services during the year?
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)?
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

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

	Yes	No
46		X

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

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

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
-----	--	---

b If "Yes," was the related organization a section 527 organization?

49b		
-----	--	--

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: **James A. Stokes** Date: _____
 Type or print name and title: **Treasurer/Director**

Paid Preparer Use Only

Print/Type preparer's name: **Samuel C. Faber** Preparer's signature: *Samuel C. Faber* Date: **05/17/23** Check if self-employed PTIN: *********

Firm's name: **Faber & Faber, P.A.** Firm's EIN: **** - ***1644**

Firm's address: **1470 Minnesota Avenue Winter Park, FL 32789** Phone no.: **407-644-9580**

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

Liz's Legacy, Inc.

Employer identification number

****-***7058**

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

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

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Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2022; 15 Public support percentage from 2021 Schedule A, Part II, line 14; 16a 33 1/3% support test—2022; b 33 1/3% support test—2021; 17a 10%-facts-and-circumstances test—2022; b 10%-facts-and-circumstances test—2021; 18 Private foundation.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	106,948	98,564	177,956	303,508	172,347	859,323
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	14	20	13	29	1,121	1,197
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	106,962	98,584	177,969	303,537	173,468	860,520
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						860,520

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	106,962	98,584	177,969	303,537	173,468	860,520
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	2,841	1,108	616			4,565
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	109,803	99,692	178,585	303,537	173,468	865,085
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	99.47%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	99.34%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, control, and support.

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Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on line 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

		Yes	No
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

		Yes	No
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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount

		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions table with 10 rows and 2 columns: Description, Current Year.

Section E - Distribution Allocations table with 28 rows and 4 columns: Description, (i) Excess Distributions, (ii) Underdistributions Pre-2022, (iii) Distributable Amount for 2022.

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Part VI

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

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**SCHEDULE O
(Form 990)**

 Department of the Treasury
Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

2022

 Open to Public
Inspection

Liz's Legacy, Inc.

Employer identification number

****-***7058**
Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
Miscellaneous Receipts	\$ 134
Total	\$ 134

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
Accounting Fees	\$ 2,095
Dues & Fees	\$ 1,892
Management/Consulting Fee	\$ 17,475
Scholarships	\$ 82,441
Conseling Center Grants	\$ 31,800
Information Technology	\$ 5,129
Printing & Reproduction	\$ 1,402
Supplies	\$ 703
Event Expenses	\$ 2,486
Total	\$ 145,423

Form 990-EZ, Part III - Primary Exempt Purpose

As a faith-based organization, our mission is to provide scholarships and funds to children and teens, in need and at risk, for mental health counseling.

LIZS Liz's Legacy, Inc.
-*7058
FYE: 12/31/2022

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
Donations	\$ 172,347
Total	\$ 172,347

Schedule A, Part III, Line 2(e)

Description	Amount
Event Income	\$ 948
Savings Account Interest	39
Miscellaneous Receipts	134
Total	\$ 1,121

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LIZ'S LEGACY

providing counseling for children & teens

www.lizlegacyfoundation.com

'a faith-based organization dedicated to ensuring that children and teens in crisis receive life changing mental health counseling to improve their lives and their family's lives'.

2022 Board Members

David Stokes – President
423 Courtlea Park Drive
Winter Garden, FL 34787
321-228-3074
d_stokes@ymail.com

Margaret Stokes – Vice President
8611 French Oak Drive
Orlando, FL 32835
497-325-8185
margstokmail@aol.com

Jim Stokes - Treasurer
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Orlando, FL 32835
321-436-1118
jasathome@aol.com

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407-808-2979
Jackie.vozza@gmail.com

Tracie Wood
308 Forest Haven Drive
Winter Garden, FL 34787
407-717-0941
tracie.wood@hotmail.com

** Board Advisor, Licensed Mental Health Counselor*

Mental Health in Florida



1 in 5 U.S. adults experience mental illness each year.



2,889,000 adults in Florida have a mental health condition.

That's more than **6X** the population of Miami.

It is more important than ever to build a stronger mental health system that provides the care, support and services needed to help people build better lives.



More than half of Americans report that **COVID-19** has had a **negative impact** on their mental health.

In February 2021, **40.8% of adults in Florida** reported symptoms of **anxiety or depression**.

24.8% were unable to get needed counseling or therapy.



1 in 20 U.S. adults experience serious mental illness each year.

In Florida, **648,000 adults** have a **serious mental illness**.



1 in 6 U.S. youth aged 6–17 experience a **mental health disorder** each year.

180,000 Floridians age 12–17 have depression.

Floridians struggle to get the help they need.



More than half of people with a mental health condition in the U.S. **did not receive any treatment** in the last year.

Of the **796,000 adults in Florida who did not receive needed mental health care**, 49.7% did not because of cost.

13.1% of people in the state are uninsured.



Floridians are over **5x more likely to be forced out-of-network** for mental health care than for primary health care — making it more difficult to find care and less affordable due to higher out-of-pocket costs.

6,387,811 people in Florida live in a community that **does not have enough mental health professionals**.

An inadequate mental health system affects individuals, families and communities.



High school students with depression are more than **2x more likely to drop out** than their peers.

64.2% of Floridians age 12–17 who have depression **did not receive any care** in the last year.



27,487 people in Florida are homeless and **1 in 6 live with a serious mental illness.**



On average, 1 person in the U.S. **dies by suicide every 11 minutes.**

In Florida, **3,567 lives were lost to suicide** and 610,000 adults had thoughts of suicide in the last year.

1 in 4 people with a serious mental illness has been arrested

by the police at some point in their lifetime –



leading to over **2 million jail bookings** of people with serious mental illness each year.

About **2 in 5 adults** in jail or prison have a history of mental illness.



7 in 10 youth in the juvenile justice system have a mental health condition.



National Alliance on Mental Illness

NAMI Florida is part of NAMI, National Alliance on Mental Illness, the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

This fact sheet was compiled based on data available in February 2021. For full citations, visit: nami.org/mhpolicystats.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAY 02 2017

LIZS LEGACY INC
C/O DAVID STOKES
423 COURTLEA PARK DR
WINTER GARDEN, FL 34787

Employer Identification Number:
81-2267058
DLN:
17053257318006
Contact Person:
SHAWNTEL R SANDERS ID# 31456
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
April 13, 2016
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

LIZS LEGACY INC

Sincerely,

Stephen a. martin

Director, Exempt Organizations
Rulings and Agreements



Check-A-Charity

KNOW HOW YOUR MONEY IS BEING SPENT

LIZS LEGACY INC, ORLANDO, FL

Also Soliciting as

Liz'S Legacy Foundation

Registration Number :CH58652 Expiration Date : 4/25/2024

Revenue Source : IRS 990 Form (12/31/2021)

Total Revenue : \$303,537.00

Program Services Expenses : \$100,782.00 **82%**

Total Expenses : \$122,221.00

Administrative Expenses : \$21,439.00 **18%**

Surplus/Deficit : \$181,316.00

Fundraising Expenses : \$.00 **0%**

Statement Of Purpose

THIS ORGANIZATION WAS FORMED TO RAISE FUNDS TO BE USED TO PROVIDE MENTAL HEALTH COUNSELING FOR CHILDREN AND TEENAGERS.

Uploaded Documents

[Document Application, received on 04/20/2023 for tracking number \(DTN\): 3749627](#)

[Document Financial Information, received on 06/28/2022 for tracking number \(DTN\): 3592692](#)

[Document Application, received on 04/19/2022 for tracking number \(DTN\): 3592692](#)

[Document Application, received on 04/19/2022 for tracking number \(DTN\): 3592692](#)

[Document Application, received on 04/21/2021 for tracking number \(DTN\): 3452839](#)

[Document Application, received on 04/24/2020 for tracking number \(DTN\): 3314478](#)

[Document Financial Information, received on 04/24/2020 for tracking number \(DTN\): 3314478](#)

[Document Exemption Determination Letter, received on 03/21/2019 for tracking number \(DTN\): 3177240](#)

[Document Financial Information, received on 03/21/2019 for tracking number \(DTN\): 3177240](#)

[Document Application, received on 03/21/2019 for tracking number \(DTN\): 3177240](#)