

Electronic Notice (e-Postcard) for Tax-Exempt Organization Not Required to File Form 990 or 990-EZ

For Electronic Filing Only DO NOT MAIL -- e-POSTCARD WILL BE SENT FOR YOU

Small tax-exempt organization with gross receipts of \$50,000 or less is required to use this form per enactment of the Pension Protection Act of 2006 (PPA)

For calendar year 2025, or tax year beginning Feb 27, 2025, ending Dec 31, 2025

Part I - Identifying Information

Name of Organization FOX HOPE FOUNDATION INC
Address 5037 CASTLE ROCK DR
Room/Suite
City BIRMINGHAM
State AL
ZIP Code 35242
Employer Identification Number . . 33-3670208

Part II - Required Information

- A [X] Check this box to verify that organization's annual receipts are normally \$50,000 or less
B Other Names Organization is Doing Business As
C Website: . . .
D Principal Officer of the Organization GREGORY FOX
E [] Check this box if organization is going out of business

Form 990-N, also known as the e-Postcard, must be filed electronically with the Internal Revenue Service. There will be no paper form accepted by the Internal Revenue Service.

Do Not mail this form to the Internal Revenue Service.

IRS e-file Authentication Statement

2025

Keep for your records

Table with 2 columns: Name(s) Shown on Return (FOX HOPE FOUNDATION INC) and Employer ID No. (33-3670208)

A - Practitioner PIN Authorization

QuickZoom to the Federal Information Worksheet to enter PIN information

Please indicate how the taxpayer(s) PIN(s) are entered into the program.

Form with checkboxes for 'Officer entered PIN' and 'ERO entered Officer's PIN', with 'X' marked in the first box.

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the Corporation. If the Exempt Organization furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the Exempt Organization. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN 638639 Self-Select PIN 12345

C - Signature of Officer

Perjury Statement:

Under penalties of perjury, I declare that I am an officer of the above Exempt Organization and that I have examined a copy of the Exempt Organization's 2025 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the Exempt Organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Electronic Funds Withdrawal Consent (if applicable):

I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the Exempt Organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

Officer's PIN 12345
Date 02/27/2026

Electronic Filing Information Worksheet

Keep for your records

2025

Name(s) shown on return FOX HOPE FOUNDATION INC Identifying number 33-3670208

Part I - State Electronic Filing:

Check this box to force state only filing for all states selected to be filed electronically

Part II - Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the return.

For returns that are prepared as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter the EFIN for the ERO that is responsible for this return. 638639

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return

ERO Name SAS TAX AND ACCOUNTING, LLC ERO Electronic Filers Identification Number (EFIN) 638639
ERO Address 3363A PELHAM PKWY ERO Employer Identification Number 20-2250056
City State ZIP Code PELHAM AL 35124 ERO Social Security Number or PTIN
Country

Part III - Paid Preparer Information

Firm Name SAS TAX AND ACCOUNTING, LLC Preparer Social Security Number or PTIN P00500959
Preparer Name SUSAN SMITH, EA Employer Identification Number 20-2250056
Address 3363A PELHAM PKWY Phone Number Fax Number (205) 621-0388
City State ZIP Code PELHAM AL 35124
Country Preparer E-mail Address SSMITH@SASTAXANDACCOUNTING.COM

Part IV - Selection of Additional Amended Returns

Enter the payment date to withdraw tax payment
Amount you are paying with the amended return

- Check this box to file another federal amended return electronically
Check this box to file another 990-T amended return electronically
File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically

* Select the state and/or city amended return(s) to file electronically.

Table with columns for State/City and checkboxes. Row 1: California State Exempt

Part V - Name Control

Name Control, enter here to override default FOXH

**990-EZ, 990, 990-T and 990-PF
Information Worksheet**

2025

Part I – Identifying Information

Employer Identification Number . 33-3670208

Name FOX HOPE FOUNDATION INC

Doing Business As _____

Number and street 5037 CASTLE ROCK DR Room or suite no. . . _____

City BIRMINGHAM State . . . AL ZIP Code . . . 35242

Province/State _____ Foreign Postal Code . . _____

Foreign Code _____ Foreign Country _____

Telephone Number (334) 494-2673 Extension. _____ Foreign Phone No. _____

Fax. _____ E-Mail Address . . GREGFOX1959@ICLOUD.COM

Eligible for hurricane tax relief legislation benefits, check here
 File a second return for the same filing year

Part II – Type of Return

IMPORTANT

For tax years beginning on or after July 2, 2019, section 3101 of P.L. 116-25 requires that returns by exempt organizations be filed electronically. The appropriate electronic filing box(es) must be checked in Part VII - Electronic Filing Information.

<input type="checkbox"/> Form 990-EZ only	<input type="checkbox"/> Form 990-EZ and Form 990-T
<input type="checkbox"/> Form 990 only	<input type="checkbox"/> Form 990 and Form 990-T
<input type="checkbox"/> Form 990-PF only	<input type="checkbox"/> Form 990-PF and Form 990-T
<input type="checkbox"/> Form 990-T only	<input checked="" type="checkbox"/> Form 990-N (gross receipts \$50,000 or less)

QuickBooks Import Users & 990 to 990-EZ Data Transfer Option: Check if you're filing the EZ & want 990 imported data copied to the EZ OR for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

IMPORTANT

Before transferring data from Form 990 to Form 990-EZ, refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

Part III – Type of Organization

<input type="checkbox"/> 501(c) Corporation/Association _____ (subsection number)	<input type="checkbox"/> 220(e) Trust
<input type="checkbox"/> 501(c) Trust _____ (subsection number)	<input type="checkbox"/> 408A Trust
<input type="checkbox"/> 4947(a)(1) Trust	<input type="checkbox"/> 529(a) Corporation
<input type="checkbox"/> 408(e) Trust	<input type="checkbox"/> 529(a) Trust
<input type="checkbox"/> 401(a) Trust	<input type="checkbox"/> 530(a) Trust
<input type="checkbox"/> Public College or University Corporation/Association <input type="checkbox"/>	<input type="checkbox"/> 527 Organization
<input type="checkbox"/> Other _____ (describe) Or Trust <input type="checkbox"/>	<input type="checkbox"/> 501(c) Association
<input type="checkbox"/> 6417(d)(1)(A) Applicable Entity	

Part IV – Tax Year and Filing Information

Calendar year

Fiscal year — Ending month . . . _____

Short year — Beginning date . . . 02/27/25 Ending date . . . 12/31/25

Change of Accounting Period _____

Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

Part V – 2025 Estimated Taxes Paid

Check this box if the organization is a private foundation

Form 990-T Form 990-PF

Amount of 2024 overpayment credited to 2025 estimated tax

Payment Quarters	Due Date	Form 990-T		Form 990-PF	
		Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment					
2nd Quarter Payment					
3rd Quarter Payment					
4th Quarter Payment					
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

Part VI - Taxpayer Signature Information

Officer's Name GREGORY FOX
 Officer's SSN _____ Officer's Title DIRECTOR
 Officer's Phone number (334) 494-2673

Part VII – Electronic Filing Information

IMPORTANT: Do **not** use the Miscellaneous Statement or Additional Information if filing Form 990 or Form 990-EZ. These statements will **not** be transmitted with the return. Use Schedule O or the applicable Supplemental Information for the appropriate Schedule.

Choose Returns to be Filed Electronically:

Note: Returns represented by gray bars are not supported by ProSeries or Taxing Agency.

Filings To	Original Return	Extension	Amended Return	Estimated Payments			
				1	2	3	4
Federal Filings							
990, 990-EZ, 990-PF, or 990-N . . . ▶	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
990-T ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 114 (FBAR). ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Filings							
<i>Information Only: Selection of state/city return(s) was made . . . ▶</i>							
California Form 199 ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
California Form 109 ▶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QuickZoom to the Electronic Filing Information Worksheet ▶ _____
QuickZoom to the Form 8868 Electronic Filing Information Worksheet ▶ _____

Practitioner PIN program:

Sign this return electronically using the Practitioner PIN
 ERO entered PIN
 Officer's PIN (enter any 5 numbers) . . . 12345
 Date PIN entered 02/27/2026

Responsible Party Information:

Yes **No** Is Form 8822-B required to report a change of responsible party?

Part VIII – Direct Deposit or Electronic Funds Withdrawal Information
(Form 990-PF and Form 990-T filers only)

Yes No
Use direct deposit of Form 990-PF tax refund?
Use electronic funds withdrawal of Form 990-PF Return balance due (EF Only)?
Use electronic funds withdrawal of Form 990-PF Extension Form 8868 balance due (EF Only)?
Use electronic funds withdrawal of Form 990-PF Amended balance due (EF Only)?
Use direct deposit of Form 990-T tax refund?
Use electronic funds withdrawal of Form 990-T Return balance due? (EF Only)
Use electronic funds withdrawal of Form 990-T Extension Form 8868 balance due? (EF Only)
Use electronic funds withdrawal of Form 990-T Amended balance due? (EF Only)

Bank Information

Check to confirm transferred account information (which appears in green) is correct
Name of Financial Institution (optional) . . .
Check the appropriate box Checking Savings
Routing number
Account number

Form 990-PF Payment Information

Enter the Form 990-PF payment date
Balance due amount from this Form 990-PF return
Enter an amount to withdraw tax payment
If partial payment is made, the remaining balance due
Enter the Form 990-PF Extension payment date
Balance-due amount from this 990-PF Extension
Payment date for amended Form 990-PF returns
Balance due amount for amended Form 990-PF return

Form 990-T Payment Information

Enter the Form 990-T payment date
Balance-due amount from this 990-T return
Enter the Form 990-T Extension payment date
Balance-due amount from this 990-T Extension
Enter the amended Form 990-T payment date
Balance-due amount from Form 990-T amended
Date 990-T Exempt Organization Return was EFiled
Date 990-T Exempt Organization Return was accepted
Date 990-T Exempt Organization Extension was EFiled
Date 990-T Exempt Organization Extension was accepted
Date 990-T Exempt Organization Amended Return was EFiled
Date 990-T Exempt Organization Amended Return was accepted

Part IX – Information for Client Letter

Table with 4 columns: Form 990-EZ or Form 990, Form 990-PF, Form 990-T, and Extended Due Date. Includes Letter Salutation field.

Part X – Return Preparer

Enter preparer code from Firm/Preparer Info (See Help) 001
QuickZoom to Firm/Preparer Info
QuickZoom to Form 990-EZ, Pages 1 through 4
QuickZoom to Form 990, Page 1
QuickZoom to Form 990-PF, Page 1
QuickZoom to Form 990-T, Page 1
QuickZoom to Form 990-N, e-PostCard
QuickZoom to Client Status