	_		** PUBLIC DISCLOSURE COPY Return of Organization Exempt From		icome Tax	OMB No. 1545-0047	
For	<b>_ Q</b>	90	<b>.</b> .			2022	
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code Do not enter social security numbers on this form as it ma				
Depa Interr	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest info				•	Open to Public Inspection	
AF	or th	e 2022 calend	ar year, or tax year beginning $ { m JUL}1,2022$ and ending	g J	UN 30, 2023		
	heck if	C Name of	organization		D Employer identifica	tion number	
	⊐Addre						
	_chang Name		SE W. EGGLESTON CENTER, INC.		- 4 . 6 . 6 . 6 . 6	<b>^</b>	
	_ chang	ge Doing b	usiness as		54-060223	8	
	_returr  Final	n Number	and street (or P.O. box if mail is not delivered to street address)	suite	E Telephone number	011	
	⊥returr termi		E VIRGINIA BLVD		757-858-8	33,793,126.	
	ated Amer	nded NODE	own, state or province, country, and ZIP or foreign postal code OLK , VA 23502		G Gross receipts \$ H(a) Is this a group retu		
	_returr _Appli		nd address of principal officer: JOSEPH COLLINS		for subordinates?		
L	_ltion pend		AS C ABOVE		H(b) Are all subordinates inclu		
1 1	ax-ex	empt status:		527		st. See instructions	
	Vebsi		EGGLESTONSERVICES.ORG		H(c) Group exemption		
κF	orm o	f organization:	X Corporation Trust Association Other L	Year o		State of legal domicile: VA	
Pa	art I	Summary					
•	1		e the organization's mission or most significant activities: SINCE 19				
Governance		SERVING THE HAMPTON ROADS COMMUNITY THROUGH EMPLOYMENT, TRAI					
erne	2	Check this bo	ts.				
Š	3	Number of vot	12				
	4 Number of independent voting members of the governing body (Part VI, line 1b)				<u>    12</u> 612		
Activities &	5		of individuals employed in calendar year 2022 (Part V, line 2a)			197	
tivit	0		of volunteers (estimate if necessary)			-1,354.	
Ac			business taxable income from Form 990-T, Part I, line 11			0.	
	<u> </u>	The an olded		T	Prior Year	Current Year	
•	8	Contributions	and grants (Part VIII, line 1h)		9,473,617.	9,502,126.	
nue	9	Program servi	ce revenue (Part VIII, line 2g)		14,577,043.	16,544,535.	
Revenue	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)		147,023.	938.	
£	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,725,080.	4,831,013.	
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	_	27,922,763.	30,878,612.	
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14		to or for members (Part IX, column (A), line 4)		0.	0.	
es	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)		15,994,740.	17,629,405.	
ens	16a	Professional fi	undraising fees (Part IX, column (A), line 11e)		134,563.	0.	
Expenses	D		ng expenses (Part IX, column (D), line 25) <u>333, 304.</u> es (Part IX, column (A), lines 11a-11d, 11f-24e)		9,996,083.	11,031,950.	
_	17		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		26,125,386.	28,661,355.	
	19		expenses. Subtract line 18 from line 12	_	1,797,377.	2,217,257.	
or				Beg	ginning of Current Year	End of Year	
Assets or d Balances	20	Total assets (F	Part X, line 16)		30,935,795.	34,414,252.	
Ass	21		(Part X, line 26)		8,253,156.	9,429,552.	
Fund	22	Net assets or	fund balances. Subtract line 21 from line 20		22,682,639.	24,984,700.	
Pa	art II						
Und	er pen	alties of perjury,	declare that I have examined this return, including accompanying schedules and st	ateme	nts, and to the best of my k	nowledge 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	Signature of officer				Date		
Here	JOSEPH COLLINS, CFO						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature		Date	Check	] PTIN	
Paid	MELISSA H. TUCKER, CPA	MELISSA H.	TUCKER,	C 05/14	/24 self-employed	P0071651	L5
Preparer	Firm's name <b>PBMARES</b> , LLP				Firm's EIN 54-	-0737372	
Use Only	Firm's address 150 BOUSH STREET,	SUITE 400					
	NORFOLK, VA 23510				Phone no. 757 -	-627-4644	Ł
May the I	Any the IRS discuss this return with the preparer shown above? See instructions						
232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.						Form <b>990</b>	(2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	statement of Program Service Accomplishments           Check if Schedule O contains a response or note to any line in this Part III         X
1	Briefly describe the organization's mission: CREATING EDUCATION, TRAINING AND EMPLOYMENT OPPORTUNITIES FOR
	INDIVIDUALS WITH DISABILITIES.
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 X 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?
	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	
	EMPLOYMENT SERVICES - EGGLESTON OFFERS A VARIETY OF EMPLOYMENT SERVICES
	AT OR ABOVE THE FEDERAL MINIMUM WAGE. WE SUBSIDIZE WAGES FOR THOSE WITH
	PRODUCTIVITY CHALLENGES. COMMUNITY INTEGRATED EMPLOYMENT IS DESIGNED
	TO PROVIDE PLACEMENT WITHIN HOST BUSINESSES WITH STAFF SUPPORT.
	EGGLESTON PROVIDES VOCATIONAL ASSESSMENTS, VOCATIONAL TRAINING,
	EMPLOYMENT, AND OTHER SUPPORT SERVICES TO ADULTS WITH DISABILITIES. DUE
	TO OUR VARIETY OF EMPLOYMENT OPPORTUNITIES EMPLOYEES HAVE THE
	OPPORTUNITY TO LEARN VARIOUS CAREER-RELATED SKILLS NECESSARY FOR A
	VARIETY OF JOB MARKETS SUCH AS ADMINISTRATIVE SUPPORT, CUSTOMER
	SERVICE, HOSPITALITY, CUSTODIAL SERVICES, AUTO CLEANING/DETAILING,
	HORTICULTURE, RETAIL, AND MEDICAL FIELDS. IN ADDITION, EMPLOYEES ARE
	HELPED TO DEVELOP SOFT SKILLS SUCH AS PUNCTUALITY, DEPENDABILITY,
4b	2 200 205 2 027 (00
	REHAB - GROUP DAY SERVICE AND COMMUNITY ENGAGEMENT ARE DESIGNED TO
	OFFER INDIVIDUALS MEANINGFUL AND FUNCTIONAL YEAR-ROUND GROUP SUPPORT
	AND SERVICES TO IMPROVE THE QUALITY OF LIFE FOR INDIVIDUALS WITH
	DISABILITIES. THESE SERVICES HELP THE INDIVIDUAL RETAIN OR IMPROVE
	SKILLS OF SELF-HELP, SOCIALIZATION, COMMUNITY INTEGRATION, CAREER
	PLANNING, AND ADAPTATION VIA OPPORTUNITIES FOR PEER INTERACTIONS,
	COMMUNITY INTEGRATION, AND ENHANCEMENT OF SOCIAL NETWORKS.
4c	(Code: ) (Expenses \$ 2,052,456. including grants of \$ ) (Revenue \$ 2,329,229.
40	(Code:) (Expenses \$2, 052, 456. including grants of \$) (Revenue \$2, 329, 229. CARE - RESIDENTIAL CARE SERVICES PROVIDES QUALITY LIVING OPTIONS FOR
	ADULTS WITH DEVELOPMENTAL DISABILITIES THAT ENCOURAGE THE INDIVIDUAL'S
	PARTICIPATION IN COMMUNITY LIFE AND THE SURROUNDING AREA. KEY ELEMENTS
	TO THESE SERVICES INCLUDE RESPECTING EVERYONE'S UNIQUENESS, PROVIDING
	ASSISTANCE WITH THE PHYSICAL, EMOTIONAL, AND SPIRITUAL NEEDS OF EACH
	RESIDENT, AND UNDERSTANDING THE CONCERNS AND NEEDS OF EACH RESIDENT.
	THE STAFF ENSURES THAT ALL SUPPORT, SKILLS TRAINING, ASSISTANCE
	SUPERVISION IS TAILORED TO MEET THE INDIVIDUAL'S NEEDS AND THAT ALL
	SERVICES ARE PROVIDED CARING AND DIGNIFIED.
4d	Other program services (Describe on Schedule O.)
4d	(Expenses \$ including grants of \$ ) (Revenue \$ )
	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses     23,950,362.
	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses     23,950,362.   Form <b>990</b> (202
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )

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 Form 990 (2022)
 LOUISE W. EGGLESTON CENTER, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. 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	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
'	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ŭ	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11d		х
e	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			77
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4.5		v
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u>X</u>
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		<u> </u>
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		<u> </u>
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		- v
<b>~</b> ~	Schedule N, Part II	32		X X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22	х	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-22	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	Х	
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	<u> </u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		<u> </u>
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	<u>X</u>	
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Form 990 (2022)		EGGLESTON		
Part V Statemen	ts Regarding Other	IRS Filings and	I Tax Comp	liance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	612			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons oi	r gifts			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			-		v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a 7b		X
			uirad	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 92922	as req	uirea	7-		х
4	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c		<u>л</u>
			1	7e		Х
e f						X
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8						
Ū	sponsoring organization have excess business holdings at any time during the year?					
9						
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b						
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				X
				14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			15		х
	excess parachute payment(s) during the year?			15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	t incor	me?	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	LINCOL	ne?	10		23
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivition				
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
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LOUISE W. EGGLESTON CENTER, INC.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	 X	
Section A. Governing Body and Management		1

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	2		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a		8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(mis decion b requests mornation about policies not required by the memai nevenue dode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
- 12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
-	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	Х	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed VA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	.,		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records JOSEPH COLLINS - 757-858-8011			

7

2022.05090 LOUISE W. EGGLESTON CENTE 214990\_1

Form **990** (2022)

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

\_\_\_\_ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Name and title         Average hours par week builts any filest any below line)         Description builts any builts any bu	(A)	(B)	(C)					(D)	(E)	(F)	
hours per vexes         Doc. unservent additional and	Name and title	Average	Position				ne	Reportable	Reportable	Estimated	
Weight any hours for related organizations below line)         Toth related below line)         Toth related below		hours per	box	, unles	ss per	son i	s botł	n an	compensation	•	amount of
(1) FAUL ATKINGON       40.00       x       325,602.       0.917.         (2) HARLISON MISEWICZ       40.00       x       212,388.       0.4,747.         (3) RONALD FRITCH       40.00       x       157,090.       0.16,149.         (4) JENNIFER ANDERS       1.00       x       0.00       x       16,149.         (4) JENNIFER ANDERS       1.00       x       0.00       x       0.00.0.         (5) JAMES BRONN       1.00       x       0.0.0.       0.0.0.         VICE CHAIR       0.000       x       0.00.0.       0.0.0.         (6) BRIAN DUNDON       1.00       x       0.0.0.       0.0.0.         (7) JAMES SANDERS       1.00       x       0.0.0.       0.0.0.         (8) SISAN CRAPT       1.00       x       0.0.0.       0.0.0.         DIRECTOR       0.000       x       0.0.0.       0.0.0.         (10) CHRISTINE GUSTAFSON       1.000       x       0.0.0.0.       0.0.0.         DIRECTOR       0.000       x       0.0.0.0.       0.0.0.       0.0.0.         (11) ZACH LAMPERT       1.000       x       0.0.0.0.0.       0.0.0.       0.0.0.         DIRECTOR       0.000       x       0.				cer an	id a di	recto	r/trus	tee)			
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(1) FAUL ATKINGON       40.00       x       325,602.       0.917.         (2) HARLISON MISEWICZ       40.00       x       212,388.       0.4,747.         (3) RONALD FRITCH       40.00       x       157,090.       0.16,149.         (4) JENNIFER ANDERS       1.00       x       0.00       x       16,149.         (4) JENNIFER ANDERS       1.00       x       0.00       x       0.00.0.         (5) JAMES BRONN       1.00       x       0.0.0.       0.0.0.         VICE CHAIR       0.000       x       0.00.0.       0.0.0.         (6) BRIAN DUNDON       1.00       x       0.0.0.       0.0.0.         (7) JAMES SANDERS       1.00       x       0.0.0.       0.0.0.         (8) SISAN CRAPT       1.00       x       0.0.0.       0.0.0.         DIRECTOR       0.000       x       0.0.0.       0.0.0.         (10) CHRISTINE GUSTAFSON       1.000       x       0.0.0.0.       0.0.0.         DIRECTOR       0.000       x       0.0.0.0.       0.0.0.       0.0.0.         (11) ZACH LAMPERT       1.000       x       0.0.0.0.0.       0.0.0.       0.0.0.         DIRECTOR       0.000       x       0.			e or d	tee			sated		, , , , , , , , , , , , , , , , , , ,		
(1) FAUL ATKINGON       40.00       x       325,602.       0.917.         (2) HARLISON MISEWICZ       40.00       x       212,388.       0.4,747.         (3) RONALD FRITCH       40.00       x       157,090.       0.16,149.         (4) JENNIFER ANDERS       1.00       x       0.00       x       16,149.         (4) JENNIFER ANDERS       1.00       x       0.00       x       0.00.0.         (5) JAMES BRONN       1.00       x       0.0.0.       0.0.0.         VICE CHAIR       0.000       x       0.00.0.       0.0.0.         (6) BRIAN DUNDON       1.00       x       0.0.0.       0.0.0.         (7) JAMES SANDERS       1.00       x       0.0.0.       0.0.0.         (8) SISAN CRAPT       1.00       x       0.0.0.       0.0.0.         DIRECTOR       0.000       x       0.0.0.       0.0.0.         (10) CHRISTINE GUSTAFSON       1.000       x       0.0.0.0.       0.0.0.         DIRECTOR       0.000       x       0.0.0.0.       0.0.0.       0.0.0.         (11) ZACH LAMPERT       1.000       x       0.0.0.0.0.       0.0.0.       0.0.0.         DIRECTOR       0.000       x       0.			rustee	l trus		ee	npen			1099-NEC)	•
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(12) PHILLIP RUSSO       1.00       0.00 X       0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0			v						0	0	0
DIRECTOR       0.00       X       0.       0.       0.       0.         (13) ELEANOR SMITH       1.00       X       0.       0.       0.       0.         DIRECTOR       0.000       X       0.       0.       0.       0.         (14) MICHAEL STERLING       1.00       X       0.       0.       0.       0.         DIRECTOR       0.000       X       0.       0.       0.       0.       0.         DIRECTOR       1.00       X       X       0.       0.       0.       0.         DIRECTOR, IMMEDIATE PAST CHAIR.       1.00       X       X       0.       0.       0.									0.	0.	0.
(13) ELEANOR SMITH       1.00       0.00 X       0.00.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			x						0.	0.	0.
DIRECTOR       0.00 X       0. 0. 0.       0. 0.         (14) MICHAEL STERLING       1.00 X       0. 0. 0.       0. 0.         DIRECTOR       0.00 X       0. 0. 0.       0.         DIRECTOR       1.00 X       0. 0. 0.       0.         (15) DENNIS WANCE       1.00 X       X       0. 0. 0.         DIRECTOR, IMMEDIATE PAST CHAIR.       1.00 X       X       0. 0.											
(14) MICHAEL STERLING       1.00       0.00 <t< td=""><td></td><td></td><td>x</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			x						0.	0.	0.
DIRECTOR         0.00 X         0. 0. 0.         0. 0.         0. </td <td>(14) MICHAEL STERLING</td> <td></td>	(14) MICHAEL STERLING										
(15) DENNIS WANCE DIRECTOR, IMMEDIATE PAST CHAIR.	DIRECTOR		x						0.	0.	0.
DIRECTOR, IMMEDIATE PAST CHAIR. 1.00 X X 0. 0. 0.	(15) DENNIS WANCE										<u></u>
	DIRECTOR, IMMEDIATE PAST CHAIR.		x		х				0.	0.	0.
			1								

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232007 12-13-22

Form 990 (2022)

Form 990 (2022) LOUISE W									54-06	<u>502</u> 2	238	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C	ompensated Employee	s (continued)	—		
(A) Name and title					hours per do not check more than one box, unless person is both an compensation compensation						ation amou	
	(list any hours for related organizations	Individual trustee or director	nstitutional trustee		oyee	Highest compensated employee		the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)		froi orgai	ensation m the nization related
(c) Comparison of the second o											organ	izations
										-+		
										-+		
										$ \longrightarrow $		
1b Subtotal								695,080.		0.	21	,813.
c Total from continuation sheets to Part VI								0. 695,080.		0.	21	<u>0.</u> ,813.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but n</li> </ul>									000 of reportable		21	,013.
compensation from the organization		056	IISLE	u au	JOVE	) wii	0 Te	eceived more than \$100		;		3
										ſ	<u>۱</u>	res No
<b>3</b> Did the organization list any <b>former</b> officer,	-		•	•	-		Ŭ		•		2	X
<ul><li>line 1a? If "Yes," complete Schedule J for s</li><li>For any individual listed on line 1a, is the su</li></ul>											3	
and related organizations greater than \$150											4	x
5 Did any person listed on line 1a receive or a	iccrue compen	satio	, on fr	om	any	unre	elate	ed organization or indivi	dual for services		_	v
rendered to the organization? If "Yes," corr Section B. Independent Contractors	plete Schedule	e J fo	or su	ich r	oers	on .					5	X
1 Complete this table for your five highest co		•								ensat	ion fron	า
the organization. Report compensation for (A)	the calendar ye	ear e	ndin	ig w	ith c	or wi	thin	the organization's tax y (B)	ear.		(C)	
	address									C	ompens	sation
VERSABILITY RESOURCES 2520 58TH ST., HAMPTON, V	A 23661							FOOD SERVICE SUBCONTRACTO		1	,996	,126.
COMMUNITY ALTERNATIVES, 3		IC	H	OL	LO.	W		FOOD SERVICE				
BLVD, VIRGINIA BEACH, VA 23455 SUBCONTRACTOR 874,40 M & A FINANCIAL										,406.		
3554 N. MILITARY HIGHWAY,	3554 N. MILITARY HIGHWAY, NORFOLK, VA 23518 AUTO AUCTIONS 676,480										,480.	
SOURCEAMERICA				2	<u>-</u> 1	റ		EMPLOYMENT	a		FOC	006
8401 OLD COURTHOUSE ROAD,	V T ENINA	,	vА	۷.		02	_	OPPORTUNITIE	G		300	<u>,096.</u>
2 Total number of independent contractors (ii	ncluding but p	ot lin	nited	l to t	thos	e lie	ted	above) who received m	ore than			
\$100,000 of compensation from the organiz	0	111		0	4		-54					

Form **990** (2022)

232008 12-13-22

						EGG	LESTON	CENTER,	INC	•	54-0602	238 Page 9
Pa	rt \	/	Statement of Re	venu	le							
			Check if Schedule O	conta	ins a respo	onse	or note to any	/ line in this Pa	t VIII			
								(A)		(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								Total rev	/enue		business revenue	from tax under
												sections 512 - 514
s ts	1	а	Federated campaigns		<b>1</b> a		39,00	0.				
ran un		b	Membership dues									
۵Ğ		с	Fundraising events									
ifts ar A			<b>_</b>									
nii G			Government grants (contr				7,599,48	7.				
Sir			All other contributions, gifts,		· ·			_				
her		•	similar amounts not included	-			1,863,63	9.				
Contributions, Gifts, Grants and Other Similar Amounts		a	Noncash contributions included in			\$	845,85					
no' Ind		-	Total. Add lines 1a-1f	11165 16		Ψ			2,126.			
0 0		<u> </u>	Total. Add lines tati				Business Co		2,120.			
	~	_	FEES FROM GOVT AGENO	CTEC			561499		27,195.	16227195.		
ice	2	а	NON-ABILITY ONE FEDI		CALEC		561499		.7,340.			
er v		b	NON-ABILITI ONE FEDI	ERAL	SALES		561499		.7,340.	317,340.		
n S /eni		С										
Jrar Sev		d										
Program Service Revenue		е										
₽.		f	All other program service					16.5				
		g	Total. Add lines 2a-2f					16,54	4,535.			
	3		Investment income (includ	ding d	ividends, i	intere	st, and					
								12	25,960.			125,960.
	4		Income from investment of	of tax-	exempt bo	ond p	roceeds					
	5		Royalties									
					(i) Rea		(ii) Persona	al				
	6	а	Gross rents	6a		225.		_				
		b	Less: rental expenses $\dots$	6b		454.						
		С	Rental income or (loss)	6c	29,	771.						
		d	Net rental income or (loss)	) <u></u>	<u></u>			2	9,771.		-1,354.	31,125.
	7	а	Gross amount from sales of		(i) Securi	ties	(ii) Other					
			assets other than inventory	7a	1,185,	843.						
		b	Less: cost or other basis									
ne			and sales expenses	7b	1,310,	865.						
evenue		с	Gain or (loss)	7c	-125,	022.						
Re			Net gain or (loss)					–12	25,022.			-125,022.
Other	8		Gross income from fundraisi									
₹			including \$		of							
			contributions reported on									
			Part IV, line 18			8a						
		b	Less: direct expenses									
			Net income or (loss) from									
	9		Gross income from gamin									
			Part IV, line 19									
		b	Less: direct expenses									
			Net income or (loss) from									
	10		Gross sales of inventory, I									
		-	and allowances			10=	6,389,43	7.				
		h	Less: cost of goods sold				1,588,19					
			Net income or (loss) from						1,242.	4,801,242.		
		Ū		50103	STATUCIAL	··y	Business Co		, •			
sn	11	•										
ec e	11											
scellaneo <u>Revenue</u>		b										
Miscellaneous Revenue		C L	All othor									
Ä			All other revenue									
	40		Total. Add lines 11a-11d						8,612.	21345777.	-1,354.	32,063.
	12		Total revenue. See instructio	UNS .				30,07	5,012.	21545777.		Form <b>990</b> (2022
23200	ษ 12	-13-	22									FULLI 330 (2022

232009 12-13-22

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LOUISE W. EGGLESTON CENTER, Part IX Statement of Functional Expenses

Doi	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	( <b>D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	724,025.	438,444.	160,311.	125,270
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1.0. 60.0. 0.0.0	11 051 500		
7	Other salaries and wages	13,692,003.	11,861,638.	1,558,748.	271,617
8	Pension plan accruals and contributions (include	100 600	1 4 4 9 9 9 9	44 959	40.000
	section 401(k) and 403(b) employer contributions)	198,693.	141,939.	44,378.	<u>12,376</u> 23,315
9	Other employee benefits	1,945,905.	1,840,691.	81,899.	23,315
0	Payroll taxes	1,068,779.	950,969.	96,070.	21,740
1	Fees for services (nonemployees):				
а	Management	0 7 4 0 0		0 7 4 0 0	
b	Legal	87,428.		87,428.	
	Accounting	103,965.		103,965.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	2 250 500	2 440 600	200 001	0,0,000
	column (A), amount, list line 11g expenses on Sch 0.)	3,858,590.	3,449,690.	322,891.	86,009
2	Advertising and promotion	390,369.	64,450.	6,185.	319,734
3	Office expenses	1,473,108.	1,213,100.	252,089.	7,919
4	Information technology	357,091.	149,276.	177,629.	30,186
5	Royalties	1 0 0 4 0 2 5	064 707	76 407	02 001
6	Occupancy	1,064,935.	964,727.	76,407.	23,801
7	Travel	939,456.	905,988.	28,146.	5,322
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		22.210	2 074	700
9	Conferences, conventions, and meetings	26,900.	22,218.	3,974.	708
0	Interest	403,581.	146,608.	256,973.	
21	Payments to affiliates	485,955.	485,955.	206 217	
2	Depreciation, depletion, and amortization	1,002,322.	796,005.	206,317.	
3	Insurance	235,622.		235,622.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.) REPAIRS AND MAINTENANCE	<b>516 706</b>	10E 020	20 767	0.0
а		516,786.	495,939.	20,767.	80 7,887
b	DUES AND SUBSCRIPTIONS	81,911.	20,518.	53,506.	/,00/
с	LICENSES AND PERMITS	3,931.	2,207.	1,724.	
d					
	All other expenses	20 661 255	22 050 262	2 775 000	025 064
5	Total functional expenses. Add lines 1 through 24e	28,661,355.	23,950,362.	3,775,029.	935,964
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check hereif following SOP 98-2 (ASC 958-720)				

11

INC.

Form 990 (2022)

Part X Balance Sheet

LOUISE W. EGGLESTON CENTER, INC.

54-0602238 Page 11

		Check if Schedule O contains a response or note	to any	line in this Part X		<u></u>	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,716,696.	1	3,360,962.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			5,821,775.	4	6,548,124.
	5	Loans and other receivables from any current or t					
		trustee, key employee, creator or founder, substa	intial co	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ns		5	
	6	Loans and other receivables from other disqualified	ed pers	ons (as defined			
		under section 4958(f)(1)), and persons described	in secti	ion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			703,135.	8	691,334.
Ϋ́	9				204,612.	9	270,932.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		28,421,495.			
	b	Less: accumulated depreciation	10b	11,874,434.	16,224,221.	10c	16,547,061.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 11	1		6,252,449.	12	6,456,885.
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets		12,907.	14	7,903.	
	15	Other assets. See Part IV, line 11			0.	15	531,051.
	16	Total assets. Add lines 1 through 15 (must equa	l line 33	3)	30,935,795.	16	34,414,252.
	17	Accounts payable and accrued expenses	3,101,386.	17	3,731,645.		
	18	Grants payable		18			
	19	Deferred revenue			50,000.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P	art IV o	f Schedule D	68,809.	21	137,427.
S	22	Loans and other payables to any current or forme	er office	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	intial co	ontributor, or 35%			
abi		controlled entity or family member of any of these	e perso	ns		22	
Ξ	23	Secured mortgages and notes payable to unrelat	ed third	d parties	5,032,961.	23	5,024,652.
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, pay	ables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			0.	25	535,828.
	26	Total liabilities. Add lines 17 through 25			8,253,156.	26	9,429,552.
		Organizations that follow FASB ASC 958, chec	k here	X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			21,582,894.	27	24,295,105.
Ba	28	Net assets with donor restrictions		<u> </u>	1,099,745.	28	689,595.
pur		Organizations that do not follow FASB ASC 95	8, cheo	ck here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
s o	29	Capital stock or trust principal, or current funds				29	
se	30	Paid-in or capital surplus, or land, building, or equ				30	
t As	31	Retained earnings, endowment, accumulated inc				31	
Ne	32	Total net assets or fund balances		·····	22,682,639.	32	24,984,700.
	33	Total liabilities and net assets/fund balances			30,935,795.	33	<u>34,414,252.</u>

Form 990 (2022)

	1990 (2022) LOUISE W. EGGLESTON CENTER, INC.	54-06	502238	Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,878		
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,661		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,217		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,682		
5	Net unrealized gains (losses) on investments	5	371	, 33	<u>33.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-286	, 52	<u>29.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	24,984	,70	)0.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Form	<b>990</b> (/	2022/

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

# 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

1

Name of the	organization
-------------	--------------

Nam	ie of t	the organization							identification number		
				ESTON CENTER					4-0602238		
Pa		Reason for Public (					ee instruction	S.			
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)					
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	on 170(b)(1	l)(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	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed 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	X	An organization that norma	-					e general p	oublic described in		
		section 170(b)(1)(A)(vi). (C	•		0			0 1			
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org				ed in coniu	inction with a	land-grant	college		
		or university or a non-land-g				-		-	-		
		university:	, , ,			j	,	5			
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from o	ontributior	ns, membersh	ip fees, and	d gross receipts from		
		activities related to its exem									
		income and unrelated busir		-					-		
		See section 509(a)(2). (Con				ooo aoqui					
11		An organization organized a	• •	vely to test for public sat	etv See	section 50	)9(a)(4)				
12	$\square$	An organization organized a		•	•			rry out the	ourposes of one or		
		more publicly supported or	•	•	•		-				
		lines 12a through 12d that	-								
а		<b>Type I.</b> A supporting orga	• •			-		-	niving		
a		the supported organization		-	• • • •	-					
					majonty c				pporting		
h		organization. You must o			ion with it	o ou poporto	d organizatio		ina		
b		<b>Type II.</b> A supporting org	-				•		-		
		control or management o			ame perso	ns that co	ntroi or manag	je trie supp	onted		
_		organization(s). You mus	-						ما المنابع الم		
С		J Type III functionally inte						ly integrate	a with,		
	_	its supported organization	. , .	•					- 1 (-)		
d		J Type III non-functionally	• •					•			
		that is not functionally int			•		-	an attentiv	eness		
	_	requirement (see instructi									
е		Check this box if the orga					Type I, Type	II, Type III			
_		functionally integrated, or		nally integrated supporting	ng organiz	ation.			[		
		er the number of supported c	•								
g		vide the following information i) Name of supported	i about the supporte	d organization(s).	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other		
	,	organization		(described on lines 1-10	in your governi	ing document?	support (see in		support (see instructions)		
				above (see instructions))	Yes	No		,			
Tota	1						1				

Schedule	A (Form 990) 2022
Part II	Support Scl

LOUISE W. EGGLESTON CENTER, INC.

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9531530.	<u>10735011.</u>	11110066.	9473617.	9502126.	50352350.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	9531530.	<u>10735011.</u>	11110066.	9473617.	9502126.	50352350.
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.						50352350.
Sec	ction B. Total Support	1		1	[		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	9531530.	10735011.	11110066.	9473617.	9502126.	50352350.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	54,842.	133,394.	161,166.	102,330.	171,185.	622,917.
9	Net income from unrelated business						
	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.)						
11	Total support. Add lines 7 through 10						50975267.
12	•		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,757,242.
13	First 5 years. If the Form 990 is for the	•					
0.0	organization, check this box and stop		-			<u></u>	·····
	ction C. Computation of Publi		-				00 70
	Public support percentage for 2022 (I		-			14	98.78 %
	Public support percentage from 2021					15	99.04 %
16a	33 1/3% support test - 2022. If the o						37
	stop here. The organization qualifies		0				
D	33 1/3% support test - 2021. If the c						
4-	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			•		0	
1-	meets the facts-and-circumstances te	•	•		•	To and line 15 is	
0	10% -facts-and-circumstances test	-					10% OF
	more, and if the organization meets the				• •		
10	organization meets the facts-and-circu <b>Private foundation</b> If the organization		•		••••		······································
10	Private foundation. If the organization	IT UIU HUL CHECK A		a, 100, 17a, 01 170	, ONEON THIS DOX A		
						Concure A	1. SIII SSOJ LOLL

	Schedule A	Form	990	) 2022
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LOUISE W. EGGLESTON CENTER, INC. 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 ye	ear (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts,	, grants, contributions, and						
meml	bership fees received. (Do not						
includ	de any "unusual grants.")						
mercl forme any a	s receipts from admissions, handise sold or services per- ed, or facilities furnished in activity that is related to the hization's tax-exempt purpose						
	s receipts from activities that						
are n	ot an unrelated trade or bus- under section 513						
	evenues levied for the organ-						
izatio	n's benefit and either paid to pended on its behalf						
	value of services or facilities shed by a governmental unit to						
the o	rganization without charge						
6 Total	I. Add lines 1 through 5						
<b>7a</b> Amou	unts included on lines 1, 2, and eived from disgualified persons						
<b>b</b> Amoun from ot exceed	tts included on lines 2 and 3 received ther than disqualified persons that d the greater of \$5,000 or 1% of the t on line 13 for the year						
	lines 7a and 7b						
	ic support. (Subtract line 7c from line 6.)						
Section	B. Total Support				-		
	ear (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amou	unts from line 6						
divide	s income from interest, ends, payments received on rities loans, rents, royalties, ncome from similar sources						
<b>b</b> Unrela	ated business taxable income						
(less s	section 511 taxes) from businesses						
acquir	red after June 30, 1975						
<b>c</b> Add I	lines 10a and 10b						
11 Net in activi whet	ncome from unrelated business ities not included on line 10b, her or not the business is arly carried on						
or los	r income. Do not include gain ss from the sale of capital ts (Explain in Part VI.)						
	support. (Add lines 9, 10c, 11, and 12.)						
14 First	5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organ	iization,
checl	k this box and <b>stop here</b>		<u> </u>		<u></u>		
	C. Computation of Publi		-			T T	
	c support percentage for 2022 (I					15	%
	c support percentage from 2021					16	%
-	D. Computation of Inves						
	tment income percentage for 20					17	%
	tment income percentage from						%
	3% support tests - 2022. If the						ine 17 is not
	than 33 1/3%, check this box ar						
	<b>3% support tests - 2021.</b> If the						
	8 is not more than 33 1/3%, che						
	te foundation. If the organization	IT UIU HOT CHECK A	box on line 14, 19	a, or 190, check t	nis box and see ins		
232023 12-09	9-22		16			Sched	lule A (Form 990) 2022

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

### 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.)

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232024 12-09-22

Sched

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Sche	edule A	(Form 990) 2022	LOUISE W.	EGGLESTON	CENTER,	INC.	54-06	0223	8 Pa	age 5
Ра	rt IV	Supporting Organi	zations <sub>(continue</sub>	d)						
									Yes	No
11	Has t	he organization accepted	a gift or contribution f	rom any of the follov	ving persons?					
а	A per	rson who directly or indirec	tly controls, either ald	one or together with	persons describ	ed on lines 11b and				
	11c b	below, the governing body	of a supported organ	ization?				11a		
b	A fam	nily member of a person de	scribed on line 11a a	bove?				11b		
С	A 35%	% controlled entity of a per	son described on line	11a or 11b above?	If "Yes" to line i	11a, 11b, or 11c, provide				
	detail	<i>in</i> Part VI.						11c		
200	tion I	D Type I Supporting	Orgonizationa							

### 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 <b>Part VI</b> 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.	1		
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.	2		
Sec	ction 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)	1		

Section D	). All Typ	e III Supportin	g 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.	3		

### Section E. Type III Functionally Integrated Supporting Organizations

I Check the box next to the method that the organization used to satisfy the integral Part Lest during the year 1500 IIISU UC	I Part Test during the year (see instructions).	Check the box next to the method that the organization used to satisfy the Integral P
---	---	---

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

С		The organization supported a governmental entity.	Describe in <b>Part VI</b> how you supported a governmental enti	y (see instruction <u>s).</u>
---	--	---	--	-------------------------------

18

- 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.
- 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.

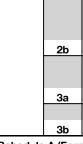
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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. 232025 12-09-22

Schedule A (Form 990) 2022

2a

Yes No



Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organi	zations					
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 mus	t complete s	Sections A through E.					
Sect	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-functiona	Ily integrate	d Type III supporting orga	nization (see				
	instructions).							

LOUISE W. EGGLESTON CENTER,

INC.

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

2022.05090 LOUISE W. EGGLESTON CENTE 214990\_1

Schedule A (Form 990) 2022

Sect	ion D - Distributions	<u></u>			Current Year
	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	• • • • • • • • • • • • • • • • • • • •
	Amounts paid to perform activity that directly furthers exemp				
-	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	·····		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
b c d	Excess from 2018 Excess from 2019 Excess from 2020 Excess from 2021 Excess from 2022				

LOUISE W. EGGLESTON CENTER, INC.

54-0602238 Page 7

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

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	LOUISE W.	EGGLESTON	CENTER.	INC.	54-0602238 <sub>Page</sub>
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, an	rmation. Provide 1 1, 2, 3b, 3c, 4b, 4c, 5 ), lines 2 and 3; Part I	the explanations requ a, 6, 9a, 9b, 9c, 11a, V, Section E, lines 1c	ired by Part II, li 11b, and 11c; F , 2a, 2b, 3a, and	ne 10; Part II, line 17a c Part IV, Section B, lines I 3b; Part V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
	(See instructions.)					
						Cabadula A (Farme 000) 000
32028 12-09-2	2		21			Schedule A (Form 990) 202

#### 223451 11-15-22

### Schedule B

### (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### \*\* PUBLIC DISCLOSURE COPY \*\*

### Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

INC.

LOUISE W. EGGLESTON CENTER

OMB No. 1545-0047

2022

Employer identification number

54-0602238

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
, ,	s covered by the <b>General Rule</b> or a <b>Special Rule</b> .				

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

J For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of t

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

LOUISI	E W. EGGLESTON CENTER, INC.	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.
(a)	(b)	(c)
No.	Name, address, and ZIP + 4	Total contr
		\$45
(a)	(b)	(c)
No.	Name, address, and ZIP + 4	Total cont

1		\$ <u>453,995.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>6,388,659.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$356,781.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

(d)

Type of contribution

54 - 0602238

(c)

**Total contributions** 

23 2022.05090 LOUISE W. EGGLESTON CENTE 214990\_1

223452 11-15-22

Part I	Description of honcash property given	(See instructions.)	Date received
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		\$	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No.	(b)	(c)	(4)
from	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
Part I			
		\$	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No.	(b)	(c)	(d)
from	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
		\$	
3453 11-15-22	24		Schedule B (Form 990) (2022

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)

Description of noncash property given

LOUISE W. EGGLESTON CENTER, INC.

Name of organization

Part II

(a)

No.

from

Employer identification number

(d)

**Date received** 

 $54 - 0\underline{602238}$ 

(c)

FMV (or estimate)

2022.05090 LOUISE W. EGGLESTON CENTE 214990\_1

Page 3

Schedule	B (Form 990) (2022)			Page <b>4</b>			
Name of o	organization		Employer iden	tification number			
LOUITS	E W. EGGLESTON CENTER,	TNC.	54-060	2238			
	Exclusively religious, charitable, etc., contribut	ions to organizations described in se	ction 501(c)(7), (8), or (10) that total more than				
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	ry. For organizations less for the year. (Enter this info. once.)				
(a) No.	Use duplicate copies of Part III if additional	space is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how g	gift is held			
			<u> </u>				
			<u> </u>				
		(e) Transfer of gi	t				
	Transferee's name, address, a	and $7IP \pm 4$	Relationship of transferor to trans	foree			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how g	nift is held			
Part I							
			<u> </u>				
	(a) Transfor of sitt						
	(e) Transfer of gift						
	Transferee's name, address, a	Relationship of transferor to trans	feree				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how g	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
			· ·				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how g	aift is held			
Part I							
		e) Transfer of gi	l				
		(1) 11 11 11 11 11	-				
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to trans	feree			
000/51			<b>•••</b> ••				
223454 11-15	0-22		Schedu	le B (Form 990) (2022)			

### 14200514 758849 214990

					OMB No. 154	15 00 47
	Schedule D       Supplemental Financial Statements         (Form 990)       Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.					1 <u>3-0047</u>
(For						<b>.</b> Z
	tment of the Treasury	A	ttach to Form 990.		Open to	
	al Revenue Service		0 for instructions and the latest information.	Employer	Inspectio	
nam	e of the organizati	LOUISE W. EGGLESTO	N CENTER, INC.		dentification	
Ра		ations Maintaining Donor Advise	d Funds or Other Similar Funds or Ac	counts. c	omplete if the	9
	organizatio	on answered "Yes" on Form 990, Part IV, lin	E E E			
			(a) Donor advised funds	(b) Funds and	other accour	its
1		nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		t end of year				
5	-		writing that the assets held in donor advised fund		N	
~			exclusive legal control?		Yes	└── No
6			dvisors in writing that grant funds can be used o			
			r donor advisor, or for any other purpose conferr	U U	Yes	No
Pa			ganization answered "Yes" on Form 990, Part IV,			
1		servation easements held by the organization		, 1110 7 .		
•		n of land for public use (for example, recrea		orically import	ant land area	
		of natural habitat	Preservation of a certi			
		n of open space				
2		• •	ied conservation contribution in the form of a co	nservation eas	sement on the	ast
	day of the tax yea	<b>o o</b> .			t the End of the	
а	Total number of c	onservation easements		2a		
b				2b		
с	•		ucture included in (a)	2c		
d		vation easements included in (c) acquired a				
	historic structure listed in the National Register					
3			eased, extinguished, or terminated by the organi	ization during	the tax	
	year					
4	Number of states	where property subject to conservation eas	sement is located			
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of			
	,	forcement of the conservation easements it			Yes	No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	on easements	during the yea	ar
7	Amount of expense	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	sements durin	g the year	
~				(1)		
8			e satisfy the requirements of section 170(h)(4)(B)		Vee	
0	and section 170(h		on easements in its revenue and expense statem		Yes	└── No
9		•	•		20	
		counting for conservation easements.	note to the organization's financial statements the	at describes tr	le	
Pa			Art, Historical Treasures, or Other S	imilar Asse	ets.	
		f the organization answered "Yes" on Form				
1a			8, not to report in its revenue statement and bala	ance sheet wo	rks	
	0	· ·	blic exhibition, education, or research in furtherar			
		-	ncial statements that describes these items.			
b			8, to report in its revenue statement and balance	e sheet works	of	
			exhibition, education, or research in furtherance			
		ing amounts relating to these items:	· ·	•	÷	
	-			\$		
				•		
2	.,		asures, or other similar assets for financial gain, I			
		unts required to be reported under FASB A				
а			~	\$		
b						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

Schedule D (Form 990) 2022

Sche		W. EGGLEST						<u>54-06</u>			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historic	cal Tre	asures, o	r Other	Similar	<sup>-</sup> Assets	<b>i</b> (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any	/ of the f	ollowing that	t make sig	gnificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition	d	I 🗌 Loa	n or exc	hange progra	am					
b	Scholarly research	e	e 🗌 Oth	er							
с	Preservation for future generations										
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit of	or receive donations of	of art, histori	cal treas	sures, or othe	er similar a	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the org	anizatio	n answered '	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi								_		-
	on Form 990, Part X?							L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table	:							
									Amoun	t	
С	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance						1f	77	7		1
	Did the organization include an amount on F		-				ty?		Yes		No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete									X	
I ai		(a) Current year	(b) Prior		(c) Two year			eare back	(e) Four	Veare	hack
4		(a) Ourient year		year		13 Dack			(e) i oui	ycars	Dack
1a ⊾	Beginning of year balance										
b	Contributions										
C d	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
f	and programs										
	Administrative expenses End of year balance										
g 2	End of year balance Provide the estimated percentage of the curr		l a (line 1 a co	dumn (a)	) held as:						
2 a	Board designated or quasi-endowment	•	%	numm (a)	neiu as.						
h	Permanent endowment	%									
c		%									
•	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		ation that are	e held ar	nd administer	ed for the	÷				
	organization by:	5							]	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds	s.					-		
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, lin	e 11a. S	ee Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cost or o basis (investr		• •	or other (other)		cumulate preciation	ed	( <b>d)</b> Boo	k value	Ð
4.	Land		,		2,981.	uep			4,09	2 93	21
	Land			-	$\frac{2}{6},790.$	5 0	72,08		<u>4,05</u>		
	Buildings Leasehold improvements		<u>+</u>	5,54	<u>,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5,0	, , , , , , , , , , , , , , , , , , , ,	•••	5, 20	±,/(	
			1	0 49	6,467.	6 8	302,34	19.	3,69	4 11	18.
	EquipmentOther		<b>_</b> _		5,257.	5,0	52,5			5,25	
	. Add lines 1a through 1e. (Column (d) must e		V oolume /					1	6,54		
TULA	. Add lines ta through te. (Column (a) must e	iqual Form 990, Part	∧, coiumn (E	<u>o, ine 1</u>	UC.)			<u>   +</u>	0,54	-	

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value			
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) UNITED WAY ENDOWMENT FUND	3,090,535.	COST	
(B) UNITED WAY CIVITAN	29,153.	COST	
(C) INVESTMENT IN			
(D) SCANSAMERICA	2,227,187.	COST	
(E) JOHN HANCOCK INVESTMENT	158,835.	COST	
(F) SUNTRUST INVESTMENT	208,958.	COST	
(G) OPPENHEIMER & CO.	2,998.	COST	
(H) THE PRINCIPAL	739,219.	COST	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	6,456,885.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.	on Form 000 Dout IV/ Base 1	10 or 11f Coo Form 000 Dort V Har 05	
Complete if the organization answered "Yes" of <b>1.</b> (a) Description of liability	on ronn 990, Part IV, Ilfie 1	110 01 111. See Form 990, Part X, line 25.	
			(b) Book value
(1) Federal income taxes			E3E 030
(2) LEASE LIABILITY			535,828.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
			535,828.

LOUISE W. EGGLESTON CENTER, INC.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .... X

Schedule D (Form 990) 2022

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Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

_	dule D (Form 990) 2022 LOUISE W. EGGLESTON CENTER,				0602238 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	ts With	h Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	32,169,984.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		371,333.		
b	Donated services and use of facilities		48,000.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	1,603,649.		
е	Add lines 2a through 2d			2e	2,022,982.
3	Subtract line 2e from line 1			3	30,147,002.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b	731,610.		
С	Add lines <b>4a</b> and <b>4b</b>			4c	731,610.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	30,878,612.
Ď.	total forende, had miles of and for this must equal totin 350. I alth mile 12.				
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts Wi	th Expenses per F	Retur	n.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nts Wi	th Expenses per F		n.
 1	Reconciliation of Expenses per Audited Financial Stateme           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements	nts Wi	th Expenses per F	letur	n. 29,867,925.
	TXII       Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nts Wit	th Expenses per F		n.
1	<b>TXII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	nts Wit	th Expenses per F		n.
1 2	Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	nts Wit	th Expenses per F		n.
1 2 a	<b>TXII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	nts Wit 2a 2b 2c	th Expenses per F		n.
1 2 a	TXII       Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per F 48,000. 1,158,570.		n. 29,867,925.
1 2 a b c	<b>t XII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	th Expenses per F 48,000. 1,158,570.	1 2e	n. 29,867,925. 1,206,570.
1 2 b c d	TXII       Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per F 48,000. 1,158,570.	1	n. 29,867,925.
1 2 b c d e	<b>t XII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	th Expenses per F 48,000. 1,158,570.	1 2e	n. 29,867,925. 1,206,570.
1 2 b c d e 3	<b>t XII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	th Expenses per F 48,000. 1,158,570.	1 2e	n. 29,867,925. 1,206,570.
1 2 3 4	<b>TXII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	th Expenses per F 48,000. 1,158,570.	1 2e	n. 29,867,925. 1,206,570.
1 2 3 4	<b>XII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	48,000. 1,158,570.	1 2e 3 4c	n. 29,867,925. 1,206,570. 28,661,355. 0.
1 2 d c 3 4 a b c 5	<b>XII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	123 22 22 22 22 24 44 45	48,000. 1,158,570.	1 2e 3	n. 29,867,925. 1,206,570.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART IV, LINE 2B:

### REPRESENTATIVE PAYEE ESCROW LIABILITY BALANCE: \$128,782

### THE ORGANIZATION HAS BANK ACCOUNT RESPONSIBILITY FOR MANAGING ACCOUNTS OF

MANY OF ITS RESIDENTS.

PART X, LINE 2:

THE LOUISE W. EGGLESTON CENTER, INC. AND ITS RELATED FOUNDATION ARE EXEMPT

FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE

EXCEPT ON NET INCOME, IF ANY, GENERATED FROM UNRELATED BUSINESS TAXABLE

INCOME. THE CENTER, ITS RELATED FOUNDATION AND SCANSAMERICA, INC. FILE

### SEPARATE TAX RETURNS. SCANSAMERICA, INC., WHICH IS WHOLLY-OWNED BY THE

29

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Schedule D (Form 990) 2022 LOUISE W. EGGLESTON CENTER, INC. Part XIII Supplemental Information (continued)	54-0602238 Page 5
CENTER, IS A C CORPORATION AFTER HAVING REVOKED ITS INITIAL	S CORPORATION
ELECTION. ALL INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION	BY TAXING
AUTHORITIES, GENERALLY FOR A PERIOD OF THREE YEARS FROM THE	DATE THEY ARE
FILED. OTHER WHOLLY-OWNED LLC'S ARE DISREGARDED ENTITIES FO	R TAX PURPOSES
AND DO NOT FILE SEPARATE TAX RETURNS. THE CENTER HAS A NET	OPERATING LOSS
CARRYFORWARD AT JUNE 30, 2023 OF APPROXIMATELY \$247,000 REL	ATED TO ITS
UNRELATED BUSINESS INCOME. SCANSAMERICA, INC. HAS A NET OPE	RATING LOSS
CARRYFORWARD AT JUNE 30, 2023 OF APPROXIMATELY \$1,324,000.	DUE TO THE
UNCERTAINTY RELATED TO THE POTENTIAL USE OF THESE NET OPERA	TING LOSS
CARRYFORWARDS, MANAGEMENT HAS APPLIED A FULL VALUATION ALLO	WANCE AGAINST
THE RELATED DEFERRED TAX ASSET.	

FASE ASC TOPIC 740, INCOME TAXES, PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE CENTER'S MANAGEMENT HAS EVALUATED THE IMPACT OF THE GUIDANCE TO ITS CONSOLIDATED FINANCIAL STATEMENTS. THE CENTER'S INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES, GENERALLY FOR A PERIOD OF THREE YEARS FROM THE DATE THE RETURNS ARE FILED. THE CENTER'S POLICY IS TO CLASSIFY INCOME TAX RELATED INTEREST AND PENALTIES IN INTEREST EXPENSE AND OTHER EXPENSES, RESPECTIVELY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
COST OF ITEMS SOLD	1,588,195.
RENTAL EXPENSES	15,454.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,603,649.

### PART XI, LINE 4B - OTHER ADJUSTMENTS:

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Schedule D (Form 990) 2022

Schedule D (Form 990) 2022         LOUISE W. EGGLESTON CENTER, INC.           Part XIII         Supplemental Information (continued)	54-0602238 Page 5
CONSIGNMENT EXPENSES	721 610
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	
RENT EXPENSES	
PROVISION FOR BAD DEBT	206 521
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,158,570.
232055 09-01-22	Schedule D (Form 990) 2022

232055 09-01-22

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47		
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2022				
-	Compensated Employees			2022		-		
Dene	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.				Publ	ic		
	al Revenue Service		Inspe	ction				
Nam	e of the organizatio		identificatio		nber			
	LOUISE W. EGGLESTON CENTER, INC. 54-06022							
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c	harter travel Housing allowance or residence for perso	nal use					
	Travel for com	panions Payments for business use of personal re	sidence					
	Tax indemnific	ation and gross-up payments	s					
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)					
b		on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		X		
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х			
3		ny, of the following the organization used to establish the compensation of the organization's						
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to					
		ation of the CEO/Executive Director, but explain in Part III.						
	X Compensation							
		ompensation consultant						
	X Form 990 of o	ther organizations	ommittee					
4		I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re	-			37			
а		e payment or change-of-control payment?			Х			
b	-	eive payment from a supplemental nonqualified retirement plan?				X X		
с	•	eive payment from an equity-based compensation arrangement?		<u>4c</u>				
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.								
	0							
_		)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	DT I					
-	contingent on the r			<b>F</b> -		x		
a ⊾	Any related area:	ation2		<u>5a</u>		X		
u		ation?		<u>5b</u>				
6			'n					
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation et earnings of:	11					
~	contingent on the r	-		60		X		
		ation?				X		
U		ation?						
7								
'	7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					x		
þ	<ul> <li>not described on lines 5 and 6? If "Yes," describe in Part III</li> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the</li> </ul>							
0				8		x		
9								
3				9				
		1 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	900	2022		
			Schet		. 550)			

232111 10-18-22

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of V	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PAUL ATKINSON (i	325,602.	0.	0.	0.	917.	326,519.	0.
CEO (ii	) 0.	0.	0.	0.	0.	0.	0.
(2) HARRISON MISEWICZ (i	212,388.	0.	0.	0.	4,747.	217,135.	0.
<u>coo</u> (ii	) 0.	0.	0.	0.	0.	0.	0.
(3) RONALD FRITCH (i	157,090.	0.	0.	0.	16,149.	173,239.	0.
CFO (ii		0.	0.	0.	0.	0.	0.
(i	)						
(ii	)						
(i	)						
(ii	)						
(i	)						
(ii							
(i	)						
(ii							
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Schedule J (Form 990) 2022

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

### YMCA MEMBERSHIP/ \$300 PER YEAR

Schedule J (Form 990) 2022

### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

## **Noncash Contributions**

OMB No. 1545-0047

2022
Open to Public
Inspection

Employer identification number

54 - 0602238

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Nomo	of the	orgonization
Name	or the	organization

# LOUISE W. EGGLESTON CENTER, INC.

Pa	t I Types of Property							
		(a)	(b)	(c)		(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on		nod of determin	•	_
		applicable		Form 990, Part VIII, line 1g	noncasi	contribution a	nount	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		35,750.	RESALE	VALUE		
6	Cars and other vehicles	Х	751	810,100.				
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organiz	-	•					
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
						_	Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t		ntribution, and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period?					<u>30a</u>		X
	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p				ions?		Х	<u> </u>
32a	Does the organization hire or use third parties of		•					v
_	contributions?					<u>32a</u>		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	biumn (c) foi	r a type of property	r for which column (a) is cheo	cked,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

232141 09-09-22

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF ITEMS CONTRIBUTED.

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O

Department of the Treasury

Name of the organization

Internal Revenue Service

(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.



LOUISE W. EGGLESTON CENTER, INC.

54-0602238

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATION SERVICES. IN ADDITION, THE ORGANIZATION HAS GROWN ITS

PROGRAMS TO SUPPORT RESIDENTIAL LIVING, DAY SERVICES,

COMMUNITY-INTEGRATED PLACEMENT SERVICES, AND BRAIN INJURY SURVIVORS

ACROSS THE CONTINUUM OF CARE THROUGHOUT THE REGION. AS A PROVIDER OF

CHOICE, EGGLESTON HAS IMPACTED THOUSANDS OF FAMILIES IN OUR COMMUNITY -

HELPING THEM LIVE BETTER, FULLER LIVES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ATTENTION TO TASK, CONCERN FOR QUALITY WORKMANSHIP, PROPER CARE OF

MATERIALS, ATTENTION TO PERSONAL APPEARANCE, ACCEPTANCE OF INSTRUCTION

AND SUPERVISION, AND PEER RELATIONSHIPS.

FORM 990, PART VI, SECTION B, LINE 11B:

FINANCE CONMMITTEE REVIEWS THE ANNUAL FINANCIAL STATEMENTS ALONG WITH THE FORM 900; SUCH REVIEW IS DOCUMENTED IN THE MINUTES.

FORM 990, PART VI, SECTION B, LINE 12C:

DISCUSSION OF THE POLICY IS HELD ANNUALLY WITH ALL BOARD MEMBERS AND A

STATEMENT IS SIGNED BY EACH.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE REVIEWS AND DETERMINES THE ANNUAL SALARY FOR THE

CEO. THE COMMITTEE IS COMPRISED OF 6 MEMBERS, AND COMPENSATION STUDIES ARE

CONDUCTED EVERY FEW YEARS TO COMPARE SALARY RANGES WITH OTHER CHARITABLE

ORGANIZATIONS.

Schedule O (Form 990) 2022 Name of the organization LOUISE W. EGGLESTON CENTER, INC.	Page Employer identification numbe 54-0602238
LOUISE W. EGGLESION CENTER, INC.	54-0002230
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ALL NECESSARY DOCUMENTATION	AVAILABLE TO THE PUBLIC
UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
MISCELLANEOUS PROFESSIONAL SERVICE:	
PROGRAM SERVICE EXPENSES	3,238,183.
MANAGEMENT AND GENERAL EXPENSES	320,774.
FUNDRAISING EXPENSES	86,009.
TOTAL EXPENSES	3,644,966.
TRASH AND JANITORIAL SERVICES:	
PROGRAM SERVICE EXPENSES	57,577.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	57,577.
PEST CONTROL:	
PROGRAM SERVICE EXPENSES	11,270.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,270.
SECURITY:	
PROGRAM SERVICE EXPENSES	52,972.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.

2022.05090 LOUISE W. EGGLESTON CENTE 214990\_1

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
LOUISE W. EGGLESTON CENTER, INC.	54-0602238
TOTAL EXPENSES	52,972.
SERVICE CONTRACT ON EQUIPMENT:	
PROGRAM SERVICE EXPENSES	89,688.
MANAGEMENT AND GENERAL EXPENSES	2,117.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	91,805.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,858,590.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PROVISION FOR BAD DEBTS	-286,529.
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

#### SCHEDULE R

(Form 990)

## **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number 54 - 0602238

Department of the Treasury Internal Revenue Service

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

Name of the organization

LOUISE W. EGGLESTON CENTER, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
EGGLESTON PROGRAM SERVICES, LLC					
1161 INGLESIDE ROAD					
NORFOLK, VA 23502	EMPLOY AND EDUCATE	VIRGINIA			N/A
EGGLESTON REAL ESTATE HAMPTON, LLC					
1161 INGLESIDE ROAD					
NORFOLK, VA 23502	REAL ESTATE	VIRGINIA			N/A
EGGLESTON COMMERCIAL VENTURES, LLC					
1161 INGLESIDE ROAD					
NORFOLK, VA 23502	COMMERICAL VENTURES	VIRGINIA			N/A
EGGLESTON J CLYDE MORRIS, LLC					
1161 INGLESIDE ROAD					
NORFOLK, VA 23502	REAL ESTATE	VIRGINIA			N/A

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
THE EGGLESTON SERVICES FOUNDATION -					LOUISE W.		
81-4812173, 1161 INGELSIDE ROAD, NORFOLK, VA	FINANCIAL SUPPORT FOR				EGGLESTON CENTER,		
23502	EGGLESTON SERVICES	VIRGINIA	501(C)(3)	LINE 12A, I	INC.		Х
	-						
	-						
	-						

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

Schedule R (Form 990) 2022

Part I Continuation of Identification of Disregarded Entities

<b>(a)</b> Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
EGGLESTON GARDEN CENTER, LLC					
110 LAVALETTE AVE	EMPLOYMENT FOR PEOPLE WITH				
NORFOLK, VA 23504	DISABILITIES	VIRGINIA			N/A
CAMP EGGLESTON, LLC					
2210 CEDAR RD					
CHESAPEAKE, VA 23323	CAMP FOR DISABLED YOUTH	VIRGINIA		1,068,229.	N/A
EGGLESTON NORFOLK HOME ONE, LLC					
1161 INGLESIDE ROAD	HOUSING FOR INDIVIDUALS				
NORFOLK, VA 23502	WITH DISABILITIES	VIRGINIA			N/A
EGGLESTON AUCTIONS, LLC					
7433 SEWELLS POINT RD					
NORFOLK, VA 22513	REAL ESTATE	VIRGINIA			N/A
EGGLESTON REAL ESTATE, LLC					
1161 INGELSIDE RD					
NORFOLK, VA 23502	REAL ESTATE	VIRGINIA			N/A

54-0602238 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

• ·		-								-		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j		к)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener	al or Percen ging er?	ntage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	alloca	itions?	20 of Schedule	partn	owner	rship
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10	
	1											
	1											
	1											
	4											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	512( conti ent	tion b)(13) rolled tity?
SCANSAMERICA, INC 46-1225517			THE LOUISE W.					Yes	No
3413 OLD ARMSTEAD AVE			EGGLESTION						
HAMPTON, VA 23666	PHOTOGRAPHIC SERVICES	VA	CENTER, INC.	C CORP	-444,577.	905,070.	100%	X	
	-								
	-								

#### Schedule R (Form 990) 2022 LOUISE W. EGGLESTON CENTER, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		Х
	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

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#### Schedule R (Form 990) 2022 LOUISE W. EGGLESTON CENTER, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	5 5	[	()			(0)				<i>(</i> )	(1)	(1)
(a)	(b)	(c)	(d)	(e) Are al		(f)	(g)		h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partners 501(c)( orgs.	sec.	Share of	Share of	Dispi tio	ropor- nate tions?	Code V-UBI	General o managin	Percentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	orgs.		total	end-of-year		tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?	ownership
		country)	sections 512-514)	Yes N	No	income	assets	Yes	No	(Form 1065)	Yes No	
												-
												-
									-			+

Schedule R (Form 990) 2022

Provide additional information for responses to questions on Schedule R. See instructions.

#### PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

#### NAME OF RELATED ORGANIZATION:

#### SCANSAMERICA, INC.

DIRECT CONTROLLING ENTITY: THE LOUISE W. EGGLESTION CENTER, INC.

Schedule R (Form 990) 2022

232165 09-14-22

#### UNRELATED BUSINESS INCOME

# **CARRYOVER DATA TO 2023**

Name LOUISE W. EGGLESTON CENTER, INC.	Employer Identificat $54 - 06022$	tion Number 38
Based on the information provided with this return, the following are possible carryover amounts to next year.		
FEDERAL POST-2017 NET OPERATING LOSS - DEBT-FINANCED	NCOME	27,535.
FEDERAL PRE-2018 NET OPERATING LOSS		247,685.

219341 04-01-22

	Name:	LOUISE W. EGG	LESTON CENTER	INC.							FEIN:	54-0602238
		and Entity: DEB 382 Annual Limitation	T-FINANCED IN	COME POST-2017 Section 382 Carryover		DETAIL C	ARRYOVER SCH	EDULE				
	Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A B C D E F G H I	2018 2019 2021 2022	4,319. 10,204.										
JKLMNOPQRST												
U V W	Detail	E Amount S Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
ABCDEFG	Туре	S Used for B										
0 I I J K L Z Z O												
P Q R S T U V W												

lame:	LOUISE W. EGGI	LESTON CENTER	INC.							FEIN:	54-0602238
	and Entity: PRE- 382 Annual Limitation	-2018 NOL FED	Section 382 Carryover		DETAIL CA	ARRYOVER SCH	EDULE				
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/15	Amount Used for 06/30/16	Amount Used for 06/30/21	Amount Used for 06/30/22	Amount Used for 06/30/14	Amount Used for 06/30/23	Amount Used for	Amount Used for	Amount Used for
2010	4 741	4 741.					4,741.				
2011	210,369.	26,615.	7,786.	2,255.	228.	7,785.	4,741. 5,759.	2,802.			
2012 2016 2017	210,369. 1,616. 49,541. 12,774.										
	, .										
Detail Type	E Amount S Used for B	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for

#### Name: LOUISE W. EGGLESTON CENTER, INC

Form	990-T	╞	OMB No. 1545-0047	
		(and proxy tax under section 6033(e)) For calendar year 2022 or other tax year beginning JUL 1, 2022 , and ending JUN 30, 2023	3	2022
	ment of the Treasury I Revenue Service	_	Dpen to Public Inspection for 501(c)(3) Organizations Only	
Α	Check box if address changed.	Name of organization ( Check box if name changed and see instructions.)	DEmplo	yer identification number
<b>B</b> Ex	empt under section	Print LOUISE W. EGGLESTON CENTER, INC.	54	4-0602238
X	501( <b>c</b> )( <b>3</b> ) 408(e) 220(e) 408A 530(a)	or Type         Number, street, and room or suite no. If a P.O. box, see instructions.           5145         E         VIRGINIA         BLVD           City or town, state or province, country, and ZIP or foreign postal code         Content         Content		exemption number Istructions)
	529(a) 529A		F	Check box if
		C Book value of all assets at end of year		an amended return.
GC	heck organization		State o	college/university
H C	heck if filing only to	D Claim credit from Form 8941 Claim a refund shown on Form 2439		
I C	heck if a 501(c)(3)	organization filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	
JE	inter the number of	attached Schedules A (Form 990-T)	2	2
		was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes 🚺 No
-		ame and identifying number of the parent corporation.		
	he books are in car		57-8	858-8011
		related Business Taxable Income		
1		business taxable income computed from all unrelated trades or businesses (see		2,802.
	Decembral		1 2	2,002.
2			2	2,802.
3 4	Add lines 1 and 2	utions (see instructions for limitation rules)	4	0.
		utions (see instructions for limitation rules) Isiness taxable income before net operating losses. Subtract line 4 from line 3	4 5	2,802.
5		operating loss. See instructions STATEMENT 1	6	2,802.
6 7		business taxable income before specific deduction and section 199A deduction.	0	2,002:
1	Subtract line 6 from	•	7	
8		n (generally \$1,000, but see instructions for exceptions)	8	1,000.
9		99A deduction. See instructions	9	· · · ·
10		. Add lines 8 and 9	10	1,000.
11	Unrelated busine	ss taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,		-
	enter zero	-	11	0.
Par	t II Tax Com	putation		
1	Organizations tax	kable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2	Trusts taxable at	trust rates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from	n: Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See ins	structions	3	
4	Other tax amounts	s. See instructions	4	
5	Alternative minimu	um tax (trusts only)	5	
6		liant facility income. See instructions	6	
7	Total. Add lines 3	through 6 to line 1 or 2, whichever applies	7	0.
LHA	For Paperwork F	Reduction Act Notice, see instructions.		Form 990-T (2022)

223701 01-16-23

Form 9	90-T (2022)		F	2 age
Part	III Tax and Payments			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see instructions) 1b			
с	General business credit. Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 1d			
е	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866			
	Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions).			
	section 1294. Enter tax amount here	4		0.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.
6a	Payments: A 2021 overpayment credited to 2022			
b	2022 estimated tax payments. Check if section 643(g) election applies			
с	Tax deposited with Form 8868 6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d			
е	Backup withholding (see instructions) 6e			
f	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total 6g			
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
	Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11		
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			
	foreign trust?			X
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$			
4	Enter available pre-2018 NOL carryovers here \$ 250, 487. Do not include any post-2017 NOL car	ryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part	I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
	Business Activity Code Available post-2017 NOL c			
	530000 \$	16,733.		
	\$			
6a	Did the organization change its method of accounting? (see instructions)			X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"			
	explain in Part V			

#### Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here			CFO			May the IRS discuss this return wit the preparer shown below (see	
	Signature of officer	Date	Title			instruction	ns)? X Yes No
	Print/Type preparer's name	Preparer's signature		Date	Check	if PT	IN
aid	MELISSA H. TUCKER,	MELISSA H.	TUCKER,		self- employ	ed	
reparer	СРА	CPA		05/14/24		P	00716515
Jse Only	וד המאמת היין	Ъ.			Firm's EIN	5	4-0737372
	150 BOUSI	H STREET, SU	ITE 400				
	Firm's address NORFOLK ,	VA 23510			Phone no.	757-	627-4644
23711 01-16-2	23						Form 990-T (2022)
			52				
0514	758849 214990	202	22.05090	LOUISE W.	EGGLE	STON	<b>CENTE 21499</b>

#### 14200514 758849 214990

49,541. 12,774.

250,487.

FORM 990-1	· F	RE 2018 NOL SCHE	DULE	STATEMENT 1
	NOL CARRY FORWARD F NOL DEDUCTION INCLU		INE 6	250,487. 2,802.
	A PORTION OF PRE-20 A ENTITY	18 NOL SCHEDULE A	SHARE	
	1 2		0.0.	
NET OPERA BALANCE A EXPIRING	IEDULE A SHARE OF PR ATING DEDUCTION AFTER PRE-2018 NOL D NET OPERATING LOSSE WARD OF NET OPERATI	EDUCTION S		0. 2,802. 0. 0. 247,685.
FORM 990-1	PRE-201	8 NET OPERATING	LOSS DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/11 06/30/12 06/30/13	4,741. 210,369. 1,616.	4,741. 23,813. 0.	0. 186,556. 1,616.	0 186,556 1,616

06/30/13	1,616.	0.	1,616.	
06/30/17	49,541.	0.	49,541.	
06/30/18	12,774.	0.	12,774.	
NOL CARRYOVER	AVAILABLE THIS YEAR		250,487.	

### 53 STATEMENT(S) 1, 2 2022.05090 LOUISE W. EGGLESTON CENTE 214990\_1

#### **SCHEDULE A** (Form 990-T)

Department of the Treasury

Internal Revenue Service

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

20	22

Open to Public Inspection for 501(c)(3) Organizations Only

2

B Employer identification number

1

of

54-0602238

D Sequence:

Α	Name of the organiz	ation			
	LOUISE	W.	EGGLESTON	CENTER,	INC.

С Unrelated business activity code (see instructions)

530000

E Describe the unrelated trade or business DEBT-FINANCED INCOME

Pa	t I Unrelated Trade or Business Income		(A) Income	(B)	Expense	s	(C) Net
1a	Gross receipts or sales						
	Less returns and allowances c Balance	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Schedule D (Form 1041 or Form						
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b					
с	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach statement)	5					
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7	4,26	6.	15,0	68.	-10,802.
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	4,26	6.	15,0	68.	-10,802.
Pa	t II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in	come	)			ction	s must be
1	Compensation of officers, directors, and trustees (Part X)					1	
2	Salaries and wages					2	
3	Repairs and maintenance					3	
4	Bad debts					4	
5	Interest (attach statement). See instructions					5	
6	Taxes and licenses				050	6	
7	Depreciation (attach Form 4562). See instructions				<u>,952.</u>		0
8	Less depreciation claimed in Part III and elsewhere on return				,952.	8b	0.
9	Depletion					9	
10	Contributions to deferred compensation plans					10	
11	Employee benefit programs					11	
12	Excess exempt expenses (Part VIII)					12	
13	Excess readership costs (Part IX)					13	
14 15	Other deductions (attach statement)					14	0.
15 16	Total deductions. Add lines 1 through 14					15	0.
16	Unrelated business income before net operating loss deduction. Su column (C)					16	-10,802.
17	Deduction for net operating loss. See instructions					17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16					18	-10,802.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

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Sched	ule A (Form 990-T) 2022					1 Page 2
Part		hod of inventory valuation	วท			r ugo I
1	Inventory at beginning of year				1	
2	Purchases				2	
3	Cost of labor				3	
4	Additional section 263A costs (attach statement)				4	
5	Other costs (attach statement)				5	
6	Total. Add lines 1 through 5			·····  -	6	
7	Inventory at end of year				7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter				8	Yes No
9 Part	Do the rules of section 263A (with respect to property IV Rent Income (From Real Property and				/)	
1	Description of property (property street address, city, s A 5536 IOWA AVENUE, NORFO B C C			uctions.		
	D	•	P	<u> </u>		
•	Dept received or coorright	A	В	C		D
2	Rent received or accrued From personal property (if the percentage of					
а	rent for personal property is more than 10%					
	but not more than 50%)	0.				
b	From real and personal property (if the					
	percentage of rent for personal property exceeds					
	50% or if the rent is based on profit or income)	0.				
с	Total rents received or accrued by property.					
	Add lines 2a and 2b, columns A through D					
4 <u>5</u> Part 1	in lines 2(a) and 2(b) (attach statement)         Total deductions. Add line 4 columns A through D. Er         V       Unrelated Debt-Financed Income (s         Description of debt-financed property (street address, a         A       5536       IOWA AVENUE, NORFO	nter here and on Part I, li iee instructions) city, state, ZIP code). Ch	neck if a dual-use. See			0.
	в					
	D					
2	Gross income from or allocable to debt-financed	A	В	C		D
2	property	6,000.				
3	Deductions directly connected with or allocable					
	to debt-financed property					
а	Straight line depreciation (attach statement) STMT	4 3,952.				
b	Other deductions (attach statement) STMT 5	17,241.				
с	Total deductions (add lines 3a and 3b, columns A through D)	21,193.				
4	Amount of average acquisition debt on or allocable					
	to debt-financed property (attach statement) STMT	6 244,403.				
5	Average adjusted basis of or allocable to debt-					
	financed property (attach statement) STMT 7	343,744.				
6	Divide line 4 by line 5	71.100%	%		%	%
7	Gross income reportable. Multiply line 2 by line 6	4,266.				1 266
8	Total gross income (add line 7, columns A through D)	). Enter here and on Part	I, line 7, column (A)			4,266.
9	Allocable deductions. Multiply line 3c by line 6	15,068.				
9 10	Total allocable deductions. Add line 9, columns A thi		on Part I, line 7, colur	nn (B)	I	15,068.
11	Total dividends-received deductions included in line					0.
223721 (		E E			nedule A (Fo	orm 990-T) 2022

55 2022.05090 LOUISE W. EGGLESTON CENTE 214990\_1

	/=											1
	ule A (Form 990-T) 2022		alties. and R	ents fror	n Control	led Or	ganizations	S (se	e instruct	ions)		Page <b>3</b>
	,		,				Exempt Control	,				
<b>1.</b> Name of controlled organization		d	<b>2.</b> Employer identification		unrelated ne (loss)	<b>4.</b> Tota	al of specified nents made	5. Pa	rt of colur included olling orga	nn 4 in the		eductions directly
			number	(see ins	structions)				gross inc		inco	ome in column 5
<u>(1)</u>												
<u>(2)</u>												
(3)												
<u>(4)</u>												
		0.11			Controlled O	-	1			44	Dealu	
	. Taxable Income	inco	t unrelated ome (loss) nstructions)		otal of specif yments mad		<b>10.</b> Part of that is incontrolling gross	luded i	in the ation's		conn	uctions directly lected with in column 10
<u>(1)</u>												
(2)												
(3)												
<u>(4)</u>												
							Add colum Enter here line 8, c	and on	Part I, (A)	Ent	er here	imns 6 and 11. e and on Part I, , column (B)
Totals									0.			0.
Part			a Section 50	)1(c)(7), (			nization <sub>(s</sub>	ee inst	ructions)			
	<b>1.</b> Desc	cription of inc	come		2. Amou incor		3. Deduction directly connormal (attach stater	ected	<b>4.</b> Set- (attach st		nt)	Total deductions and set-asides add cols 3 and 4)
(1)												
(2)												
(3)												
(4)												
					Add amou column 2							Add amounts in column 5. Enter
					here and o							ere and on Part I,
					line 9, colu						li	ine 9, column (B)
Totals						0.						0.
Part	Exploited E		tivity Income	, Other T	nan Adve	ertising	g income (	see ins	structions)			
1	Description of exploite											
2	Gross unrelated busin									2		
3	Expenses directly con	•						-				
A	line 10, column (B) Net income (loss) from		ada ar buainaga							3		
4												
5	Gross income from ac		not unrelated bus							4 5		
6	Expenses attributable									6		
7	Excess exempt expense											
•	4. Enter here and on P									7		

Schedule A (Form 990-T) 2022

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	ule A (Form 990-T) 2022				Page 4
Part					
1	Name(s) of periodical(s). Check box if reportir	ng two or more periodicals o	on a consolidated basi	S.	
	A				
	B				
	c				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			
		Α	B	C	D
2	Gross advertising income				
	Add columns A through D. Enter here and on	i Part I, line 11, column (A)			0.
а		<b></b>			
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on	i Part I, line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from lin	ne			
	2. For any column in line 4 showing a gain,	_			
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complet				
-	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
0	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of				
_	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g				0.
Part	Part II, line 13           X         Compensation of Officers, Direction	rectors, and Trustees			••
	,			3. Percentage	4. Compensation
	1. Name	<b>2.</b> Titl	۵	of time devoted	attributable to
			•	to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
<u> </u>					
Total	Enter here and on Part II, line 1				0.
Part		ee instructions)			

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1

990-T SCH	A POST-2017	NET OPERATING	LOSS DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19 06/30/20 06/30/22	2,210. 4,319. 10,204.	0. 0. 0.	2,210. 4,319. 10,204.	2,210. 4,319. 10,204.
NOL CARRYO	VER AVAILABLE THIS Y	TEAR	16,733.	16,733.

FORM 990-T (A)	PART V - DEPRECIAT	ION DEDUCTION		STATEMENT 4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION	- SUBTOTAL -	1	3,952.	3,952.
TOTAL OF FORM 990-T, S	CHEDULE A, PART V,	LINE 3(A)		3,952.
FORM 990-T (A)	PART V - OTHER	DEDUCTIONS		STATEMENT 5
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
REAL ESTATE TAXES INTEREST INSURANCE		6,054 10,527 660	•	
– SU	BTOTAL – 1	17,241	. 1.00	17,241.
TOTAL OF FORM 990-T, S	CHEDULE A, PART V,	LINE 3(B)		17,241.
	VERAGE ACQUISITION OCABLE TO DEBT-FIN		Z	STATEMENT 6
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITION DE	BT ALLOCABLE - SUBTOTAL -		244,403.	244,403.

TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 4 244,403.

FORM 990-T (A) AVERAGE ADJUSTED ALLOCABLE TO DEBT-F			STATEMENT 7
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS ALLOCABLE - SUBTOTAL	- 1	343,744.	343,744.
TOTAL OF FORM 990-T, SCHEDULE A, PART V	, LINE 5		343,744.

#### SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Α

C

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2022 Dublic Inconcetion for

2

0 0 0 1 10 1	abile mopeetion for
501(c)(3)	Organizations Only

Name of the organization LOUISE W. EGGLESTON CENTER, INC.	В	Employer ide 54-0602		
Unrelated business activity code (see instructions) 530000	D	Sequence:	2	of

number

#### Describe the unrelated trade or business **DEBT-FINANCED INCOME** F

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7	3,188.	386.	2,802.
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	3,188.	386.	2,802.
Pa	<b>TII</b> Deductions Not Taken Elsewhere See instructi directly connected with the unrelated business in		limitations on ded	uctions. Deduction	s must be

1	Compensation of officers, directors, and trustees (Part X)	1				
2	Salaries and wages			2		
3	Repairs and maintenance			3		
4	Bad debts			4		
5	Interest (attach statement). See instructions			5		
6	Taxes and licenses			6		
7	Depreciation (attach Form 4562). See instructions	7				
8	Less depreciation claimed in Part III and elsewhere on return		8b			
9	Depletion	9				
10	Contributions to deferred compensation plans		10			
11	Employee benefit programs			11		
12	Excess exempt expenses (Part VIII)			12		
13	Excess readership costs (Part IX)			13		
14	Other deductions (attach statement)			14		
15	Total deductions. Add lines 1 through 14		15	0.		
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	n Part	I, line 13,			
	column (C)			16	2,802.	
17	Deduction for net operating loss. See instructions	17	0.			
18	Unrelated business taxable income. Subtract line 17 from line 16	18	2,802.			
LHA	A For Paperwork Reduction Act Notice, see instructions. Schedule A (Form 990-T) 202					

223741 01-16-23

Sabad	ule A (Form 990-T) 2022					2 Dago 2
Part		hod of inventory valuati	on			Page 2
1	Inventory at beginning of year				1	
2	Purchases				2	
3	Cost of labor				3	
4	Additional section 263A costs (attach statement)				4	
5	Other costs (attach statement)				5	
6	Total. Add lines 1 through 5				6	
7	Inventory at end of year				7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter			-	8	Yes No
9 Part	Do the rules of section 263A (with respect to property IV Rent Income (From Real Property and				v)	
1	Description of property (property street address, city, s           A         645         J         CLYDE         MORRIS         BLVD           B				MORR	IS, NEW
	D	<b>•</b> 1		0		
•	Rent received or accrued	Α	В	C		D
2 a	From personal property (if the percentage of					
u	rent for personal property is more than 10%					
	but not more than 50%)	0.				
b	From real and personal property (if the					
	percentage of rent for personal property exceeds					
	50% or if the rent is based on profit or income)	0.				
с	Total rents received or accrued by property.					
	Add lines 2a and 2b, columns A through D					
4 <u>5</u> Part 1	In lines 2(a) and 2(b) (attach statement)         Total deductions. Add line 4 columns A through D. Er         V       Unrelated Debt-Financed Income (s         Description of debt-financed property (street address, or a <a>[645 J CLYDE MORRIS, NEW]</a> B	ter here and on Part I, ee instructions) city, state, ZIP code). C	heck if a dual-use. Se			0.
	c 🗌					
	D	I I		1		
		Α	В	c		D
2	Gross income from or allocable to debt-financed	8,100.				
•	property Deductions directly connected with or allocable	0,100.				
3	to debt-financed property					
а	Straight line depression (attach statement)	0.				
b	Other deductions (attach statement) STMT 8	980.				
c	Total deductions (add lines 3a and 3b,					
	columns A through D)	980.				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) <b>STMT</b>	9 71,944.				
5	Average adjusted basis of or allocable to debt-					
	financed property (attach statement) STMT 10	182,809.				
6	Divide line 4 by line 5	39.355%	%		%	%
7	Gross income reportable. Multiply line 2 by line 6	3,188.				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Par	t I, line 7, column (A)			3,188.
9	Allocable deductions. Multiply line 3c by line 6	386.				
10	Total allocable deductions. Add line 9, columns A the		l on Part I, line 7, colu	mn (B)		386.
11	Total dividends-received deductions included in line	10				0.
223721 (	01-16-23	61		So	hedule A	(Form 990-T) 2022

61 2022.05090 LOUISE W. EGGLESTON CENTE 214990\_1

											2	
	ule A (Form 990-T) 2022 VI Interest, Annu		valtics and D	onte from	n Control		aanizationa	. (		:	Page 3	
Part	VI Interest, Annu		Jyanies, and ne				Exempt Control	,	ee instruct	,		
	1. Name of controlle	d	2. Employer	3. Net	unrelated		al of specified	· · · · ·	art of colur		6. Deductions directly	
	organization		identification	incon	ne (loss)		nents made		included	in the	connected with	
			number	(see ins	tructions)				olling orga s gross inc		income in column 5	
(1)												
(2)												
(3)												
(4)					Controlled O	 aonizati	000					
7	. Taxable Income	18	Net unrelated	· · · · ·	Controlled Or otal of specif	<u> </u>	10. Part o	of colu	mn 9	11	Deductions directly	
'			icome (loss)		yments mad		that is inc	luded	in the		connected with	
		(see	e instructions)				controlling organization's gross income			income in column 10		
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here				d columns 6 and 11. Fr here and on Part I.	
							line 8, c		,		ine 8, column (B)	
Totals									0.		0.	
Part		Income	of a Section 50	1(c)(7), (	9). or (17)	Organ	nization (s	ee inst	ructions)			
		cription of i			2. Amou		3. Deductio		4. Set-	asides	5. Total deductions	
					incon	ne				atemer	(add cols 3 and 4)	
(1)												
(2)												
(3)												
(4)					Add amou	inte in					Add amounts in	
					column 2						column 5. Enter	
					here and or line 9, colu	,					here and on Part I, line 9, column (B)	
Totals						0.					0 •	
Part		xempt A	ctivity Income	, Other T	han Adve	ertising	g Income	see ins	structions)			
1	Description of exploite	-					•		/			
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3												
	line 10, column (B) 3											
4	<b>3 7 1</b>											
_	lines 5 through 7											
	5       Gross income from activity that is not unrelated business income       5         6       Expenses attributable to income entered on line 5       6											
6 7	Expenses attributable Excess exempt expense									6		
'	4. Enter here and on P									7		
	Entor hore and off	aren, 1110										

Schedule A (Form 990-T) 2022

223731 01-16-22

	ule A (Form 990-T) 2022				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals on a c	consolidated basis	3.	
	Α				
	В				
	c				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and or	Part I, line 11, column (A)			0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and or				0.
	5	, , , , ,			
4	Advertising gain (loss). Subtract line 3 from li	ne			
-	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i	n			
	line 4 showing a loss or zero, do not complet				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6					
7	Circulation income Excess readership costs. If line 6 is less than				
'	•				
	line 5, subtract line 6 from line 5. If line 5 is le				
0	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain				
	line 4, enter the lesser of line 4 or line 7		-1		
а	Add line 8, columns A through D. Enter the g		al or zero here an	d on	0.
Part	Part II, line 13           X         Compensation of Officers, Di	rectors and Trustees (			0.
Γαιι	X Compensation of Onicers, D		ee instructions)	0 Deveentees	1 Oamaanaatian
	d Nove	0 TH		3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title		of time devoted	attributable to
				to business	unrelated business
<u>(1)</u>				%	
<u>(2)</u>				%	
(3)				%	
<u>(4)</u>				%	
					0
	Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (set	ee instructions)			

223732 01-16-23

2

#### LOUISE W. EGGLESTON CENTER, INC.

54 - 0602238

FORM 990-T (A) PART V - OTHER	DEDUCTIONS		STATEMENT 8
DESCRIPTION ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
INTEREST REAL ESTATE TAXES - SUBTOTAL - 2	4	08. 72. 80. 1.00	980.
TOTAL OF FORM 990-T, SCHEDULE A, PART V,	LINE 3(B)		980.
FORM 990-T (A) AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN			STATEMENT 9
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITION DEBT ALLOCABLE - SUBTOTAL -	2	71,944.	71,944.
TOTAL OF FORM 990-T, SCHEDULE A, PART V,	LINE 4		71,944.
FORM 990-T (A) AVERAGE ADJUSTED ALLOCABLE TO DEBT-FI			STATEMENT 10
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS ALLOCABLE - SUBTOTAL -	2	182,809.	182,809
TOTAL OF FORM 990-T, SCHEDULE A, PART V,	LINE 5		182,809

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

								A DEB	r 1				-	T	
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
44	LAND-IOWA AVE	06/24/10	L			_	246,913.				246,913.			٥.	
45	BUILDING-IOWA AVE	06/24/10	SL	39.00	MM	16	154,138.				154,138.	50,068.		3,952.	54,020.
	* TOTAL 990-T SCH E DEPR						401,051.				401,051.	50,068.		3,952.	54,020.

A DEBT

228111 04-01-22

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form	4562
	ment of the Treasury I Revenue Service
Namo	

# **Depreciation and Amortization** (Including Information on Listed Property)

A DEBT

OMB No. 1545-0172

)22

C

ΖU

Attach to your tax return.

Attachment Sequence No. 179

1

Go to www.irs.gov/Form4562 for instruct	ions and the latest information.
	Business or activity to which this form relates

Name(s) shown on return Busines				ness or act	ivity to whic	Identifying number			
т О			I						54-0602238
Pa	UISE W. EGGLESTON CE			i have any li	isted pro	nerty c	omplete Part	V hefore	
								4	1
								··	
	Total cost of section 179 property place							···	
	Threshold cost of section 179 property			•				4	
	Reduction in limitation. Subtract line 3 1								
	Dollar limitation for tax year. Subtract line 4 from line (a) Description of pro		If married filing	(b) Cost (busir			(c) Elected o		
6		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(0) 0001 (0001		,,	(0) =100104 0		-
									-
									-
									-
7	isted areasety. Enter the amount from	line 20				7			-
	Listed property. Enter the amount from Total elected cost of section 179 prope		in oolumn (o)		_	-		8	
	Tentative deduction. Enter the <b>smaller</b> Carryover of disallowed deduction from								
	Business income limitation. Enter the si					-			
	Section 179 expense deduction. Add lin		```		,				
	Carryover of disallowed deduction to 20				ſ	13	<u></u>	12	•
	: Don't use Part II or Part III below for					13			
	rt II Special Depreciation Allowa	1 1 3	,		he listed	propert	v )		
	Special depreciation allowance for qual		• •						
							0	14	
	the tax year Property subject to section 168(f)(1) ele								
									2 0 5 0
	rt III MACRS Depreciation (Don't	include listed pror						10	575521
		<u></u>		ction A					
17	MACRS deductions for assets placed ir	n service in tax vez	ars beginning	before 2022	2			17	,
	f you are electing to group any assets placed in servi		• •						
	Section B - Assets							tion Sys	tem
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for (business/inv only - see in	depreciation vestment use nstructions)	(d) F F	Recovery	(e) Convention	(f) Method	d (g) Depreciation deduction
19a	3-year property								
b	5-year property								
с	7-year property								
d	10-year property								
е	15-year property								
f	20-year property								
g	25-year property				25	5 yrs.		S/L	
		/			27	.5 yrs.	MM	S/L	
h	Residential rental property	/			27	.5 yrs.	MM	S/L	
		/			39	9 yrs.	MM	S/L	
i	Nonresidential real property	/					MM	S/L	
	Section C - Assets P	laced in Service I	During 2022	Tax Year U	sing the	e Alterna	ative Depreci	ation Sy	vstem
20a	Class life							S/L	
b	12-year				12	2 yrs.		S/L	
с		/			30	) yrs.	MM	S/L	
d		/			40	) yrs.	MM	S/L	
Pa	rt IV Summary (See instructions.)								
21	Listed property. Enter amount from line	28						. 21	
	Total. Add amounts from line 12, lines				g), and li	ne 21.			
I	Enter here and on the appropriate lines	of your return. Par	rtnerships an	d S corporat				22	3,952.
	For assets shown above and placed in	-							
	portion of the basis attributable to secti	on 263A costs				23			

216251 12-08-22 LHA For Paperwork Reduction Act Notice, see separate fristructions.

Form 4562 (2022) LOUISE W.	EGGL	ESTO	N CE	NTER	, IN	NC.			54-	0602	238	Page 2
Part V Listed Property (Include automobiles, entertainment, recreation, or amuseme		her vehic	les, cert	ain aircr	aft, and	d property	used for					
Note: For any vehicle for which you ar	e using the						e expense	e, comp	lete on	<b>ily</b> 24a,		
24b, columns (a) through (c) of Section Section A - Depreciation and Oth							nito for n		orouton	andhilan )		
<b>24a</b> Do you have evidence to support the business/invest		-		es	_	24b If "Y		-			Yes	No
(b) (c)				<u>es</u> (e)		(f)		<u>e evidei</u> g)		(h)		<u></u> (i)
Type of property Date Busine		(d) Cost or		is for depre		Recovery	1	hod/	Depre	eciation	Ele	cted
(list vehicles first) placed in investm service use perce		ther basis	(50	siness/inve use only		period	Conve	ention	dedi	uction		on 179 Ost
25 Special depreciation allowance for qualified liste	ed property	/ placed	in servic	e during	the ta	x year and	I					
used more than 50% in a qualified business use				-		- 		25				
26 Property used more than 50% in a qualified bus												
	%											
	%											
	%											
27 Property used 50% or less in a qualified busines						1						
	%						S/L -					
	%						S/L ·					
	, -	d	line 01				S/L -	28				
<b>28</b> Add amounts in column (h), lines 25 through 27										29		
29 Add amounts in column (i), line 26. Enter here a	Section						<u></u>			29		
Complete this section for vehicles used by a sole pr							related r	herson	lf you p	rovided v	phicles	
to your employees, first answer the questions in Se	• • •										cilicics	
		500 ii you	, moor a	n oxeep.		oompioun	9 1110 000					
		(a)	(	b)		(c)	(d	I)	(	e)	(f	:)
<b>30</b> Total business/investment miles driven during the		hicle	-	nicle	V	/ehicle	Veh	-	-	nicle	Veh	-
year ( <b>don't</b> include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles												
driven												
<b>33</b> Total miles driven during the year.												
Add lines 30 through 32		1										
<b>34</b> Was the vehicle available for personal use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more												
than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal												
use?Section C - Question		lovere M	he Drev	ida Vah	ioloo f	l For Lloo hy	Thoir E	mployo				
Answer these questions to determine if you meet ar	•	-				-				ron't		
more than 5% owners or related persons.	скосрног	1 10 0011	bioting C				a by emp	oloyeee				
37 Do you maintain a written policy statement that	prohibits a	all persor	nal use o	f vehicle	s, inclu	uding com	muting, I	by your			Yes	No
employees?	-					-	-					
38 Do you maintain a written policy statement that												
employees? See the instructions for vehicles us	ed by corp	orate off	icers, di	rectors,	or 1%	or more o	wners					
<b>39</b> Do you treat all use of vehicles by employees as	s personal	use?										
<b>40</b> Do you provide more than five vehicles to your												
the use of the vehicles, and retain the information												
<b>41</b> Do you meet the requirements concerning quali												
Note: If your answer to 37, 38, 39, 40, or 41 is	Yes," don	't comple	te Secti	on B for	the co	overed veh	icles.					
Part VI Amortization (a)	(b)		(c)			(d)		(e)			(f)	
	Date amortization		(C) Amortizat			Code		Amortizat		Ar	nortization	
42 Amortization of costs that begins during your 20	begins 122 tax vea	ar:	amount			section	ļ	period or period	centage	ſĊ	r this year	
	: :	лі. 										
	: :	+										
	: :								I			
43 Amortization of costs that began before your 20	: : 122 tax yea	 ır							43			
<ul><li>43 Amortization of costs that began before your 20</li><li>44 Total. Add amounts in column (f). See the instru</li></ul>	122 tax yea							·····	43 44			

## 14200514 758849 214990

67 2022.05090 LOUISE W. EGGLESTON CENTE 214990\_1

# Form 500

Virginia Department of Taxation P.O. Box 1500 Richmond, VA 23218-1500

# 2022 Virginia Corporation Income Tax Return



Atte	ntion: Return must be filed e		e this form only if you ha operating loss. Use Forn		d waiver.		Official Use Only		
	AL or	JULY 1	, ,	g Date JUN	1E 30	2023			
500	RT Year Filer: Beginning Date ] Short Year Return		,2022; Endin ccounting Period	g Date 001	<u>16 30,</u>	2023			
FEIN		Name	ccounting r chou				Check all that apply:		
5	4-0602238	LOUIS	SE W. EGGLESI	ON CENT	ER, IN	IC.	Initial Filer		
Mail	ing Address	•					Name Change		
5	145 E VIRGINIA	BLVD					Mailing Address Change		
City	or Town			State	ZIP Code		Physical Address Change		
	ORFOLK			VA	2350	02			
Phys	sical Address (if different from Mailing	Address)					Entity Type Code		
Phys	sical City or Town			State	ZIP Code		NAICS Code		
							531120		
	Incorporated	State or Country of I	ncorporation	Description of B	usiness Activity				
	9/15/1955	VIRGINI		RENTAI	AND S	STAFFI			
Ch	eck Applicable Boxes		Final Return			Corporate	e Telecommunications Company		
╎└─	Consolidated - Sch. 500	AC Enclosed	<b>Final Return</b> - Ch boxes below.	neck here and	applicable	Enter amo	unt from Form 500T, Line 7:		
	Combined - Sch. 500AC Combined / Consolidate		Withdrawn				.00		
	Enter number of affiliate					Noncorpo	rate Telecommunications Company		
	Change in Filing Status		Dissolved - No	o longer liable	for tax.	Check box a	and enter amount from Form 500T, Line 10:		
	Sch. 500A Enclosed		Dissolved Date	e:			.00		
	Sch. 500AB Enclosed					Electric Supplier Company			
TY	] Nonprofit Corporation		Merged			Enter amo	unt from Sch. 500EL, Line 7 or 14:		
23			Merger Date:				.00		
	Certified Company Appo	rtionment -	Merger Date.			Home Ser	vice Contract Provider		
	Sch. 500AP Enclosed		Merged FEIN:						
			J J			Enter amo	unt from Form 500HS, Line 10:		
	Amended Return (See in	structions)	S Corp Effecti	ve:			Check box if a noncorporate HSCP.		
	Enter reason code:						.00		
Qu	estions and Related Inforn	nation							
	Have you made any payme		ed corporation a related	Lindividual or	other related	d entity for in	oterest, royalties or other		
7.	expenses related to intangi enclose Schedule 500AB.								
	enclose schedule sourd.	Enter exc	eption amount from Sc	hedule 500AE	8, Line 8.	Α.	.00		
В.	RESERVED FOR FUTURE	USE				в			
C.	If a net operating loss dedu				ear of Loss	_			
	taxable income on the U.S. the requested information.		· •	~~			050041		
	FEIN of the company gener		0,	(2)	ederal NOL	_	279041		
				( )	Percent of fe				
	FEIN				IOL used th		ed in Section C.) SEE STATEMENT		
	(If there are NOLs for more than one year, enclose a schedule for each year with the information requested in Section C.) SEE STATEMENT 1 D. If pass-through entity withholding is claimed, enter the number of Schedules VK-1 and								
<b>D</b> .	complete and enclose Sch				anu	п			
F.	Has your federal income ta		•		``				
	IRS and finalized for any pr								
	reported to the Department				Ň	Year			
						Year _			
F.	Location of corporation's b	ooks 1161	INGLESIDE RC	AD, NOR	FOLK,				
	Contact for corporation's b	ooks JOSEI	PH COLLINS	Con	tact Phone	Number	757-858-8011		

2022 Virginia
Form 500
Page 2

FEIN 54-0602238



INCOME

1.	Federal taxable income (from enclosed federal return)	1.	0.00
2.	Total additions from Schedule 500ADJ, Section A, Line 7	2.	.00
3.	Total (add Lines 1 and 2)	3.	.00
4.	Total subtractions from Schedule 500ADJ, Section B, Line 10	4.	.00
5.	Balance (subtract Line 4 from Line 3)	5.	.00
6.	Savings and Loan Association's Bad Debt Deduction (see instructions)	6.	.00
7.	Virginia taxable income (subtract Line 6 from Line 5)	7.	.00

#### TAX COMPUTATION

8. Apportionable Income (Schedule 500A Filers) - Complete Lines 8(a) through 8(d). See instructions.		
(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)	8(a).	.00
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(f)	8(b).	%
(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)	8(c).	.00
(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)	8(d).	.00
9. Income tax (6% of Line 7 or 6% of Line 8(a))	9.	000
PAYMENTS AND CREDITS		

10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B	10.	.00
11. Adjusted corporate tax (subtract Line 10 from Line 9)	11.	.00
12. 2022 estimated Virginia income tax payments including overpayment credit from 2021	12.	.00
13. Extension payment	13.	.00
14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A	14.	.00
15. Pass-through entity total withholding from Schedule 500ADJ, Section D	15.	.00
16. Total payments and credits (add Lines 12 through 15)	16.	.00

#### **REFUND OR TAX DUE**

17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17.	.00
18. Penalty (see instructions)	18.	.00
19. Interest (see instructions)	19.	.00
20. Additional charge from Form 500C, Line 17 (enclose Form 500C)	20.	.00
21. Total due (add Lines 17 through 20)	21.	.00
22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22.	.00
23. Amount to be credited to 2023 estimated tax	23.	.00
24. Amount to be refunded (subtract Line 23 from Line 22)	24.	.00

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer. 🔶 🔀								
Date	Signature of Officer	Title CFO						
Printed Name of Officer JOSEPH COLI	INS	Phone Number 757-858-8011						
Print Preparer's Name and PBMARES, LI	Firm Name MELISSA H. TUCKER, CPA	Preparer Phone Number $757 - 627 - 4644$						
Date 05/14/24	Individual or Firm, Signature of Preparer	Address of Preparer 150 BOUSH STREET, SUITE 40 NORFOLK, VA 23510						
Preparer's FEIN, PTIN, or S 54-0737372	SN	Approved Vendor Code 1019						

#### IMPORTANT: INCLUDE A COPY OF YOUR FEDERAL RETURN WITH THIS RETURN

VA 500		NOL CARRYFORWARD	ADJUSTMENT	STATE	MENT 1
YEAR END DATE	FEDERAL NOL	ADDITION	SUBTRACTION	1	RCENT OF FEDERAL NOL UTILIZED THIS YEAR
06/30/11	4,741.	0.	0.	0.	1.0000
06/30/12	210,369.	0.	0.	0.	1.0000
06/30/13	1,616.	0.	0.	0.	1.0000
06/30/17	49,541.	0.	0.	0.	1.0000
06/30/18	12,774.	0.	0.	0.	.0000
NET VIRGINIA	A MODIFICATION			0.	

# 2022 Virginia Schedule 500FED

# Corporation Schedule of Federal Line Items



Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500. Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

Name as shown on Virginia return LOUISE W. EGGLESTON CENTER, INC.	<u>54-06022</u>	38
Form 1120 - Deductions and Taxable Income		
Federal Taxable Income before NOL and Special Deductions	1	2802.00
2. Net Operating Loss Deduction		2802 .00 279041 .00
3. Special Deductions		
General Taxable Income after NOL and Special Deductions		.00
Form 1120, Schedule C - Dividends and Special Deductions	······ <sup>•</sup> ·	
	-	
5. Subpart F Income and/or Global Intangible Low-Taxed Income		.00
6. Gross-Up for Foreign Taxes Deemed Paid	6	.00
Form 1120, Schedule K or M-1		
7. Tax Exempt Interest	7	.00
Form 5884 - Work Opportunity Credit		
8. Salaries and Wages not deducted due to the WOTC	8.	.00
Form 4562 - Special Depreciation Allowance and Other Depreciation		
9. Special depreciation allowance for qualified property placed in service during the		
taxable year	٩	.00
10. Property subject to 168(f)(1) election		
11. Other depreciation		
Form 1118, Schedule A - Income or Loss Before Adjustments - Gross Income or Lo		
12. Total: Dividends (Exclude Gross-up)		.00
13. Total: Dividends (Gross-up)		.00
14. Total: Inclusions (Exclude Gross-up)		.00
15. Total: Inclusions (Gross-up)		.00
16. Total: Interest		.00
17. Total: Gross Rents, Royalties, and License Fees		.00
18. Total: Gross Income from Performance of Services		.00
19. Total: Other		<u>00.</u> 00.
20. Total: Total Gross Income or Loss from Outside the US	20	.00
Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions		
21. Total: Allocable - Rental, Royalty, and Licensing Expenses -		
Depreciation, Depletion, and Amortization		
22. Total: Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses		
23. Total: Allocable - Expenses Related to Gross Income from Performance of Services		
24. Total: Allocable - Other Allocable Deductions		
25. Total: Total Allocable Deductions		
26. Total: Apportioned Share of Deductions		
27. Total: Net Operating Loss Deduction		
28. Total: Total Deductions	28	.00
Form 1118, Schedule A - Income or Loss Before Adjustments - Total Income		
29. Total: Total Income or (Loss) Before Adjustments	29	.00