

# Application Form

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## *Organization Information*

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### Compiled Committee Comments

Below is a compilation of committee member comments from your Letter of Intent. This feedback may be positive, neutral, or negative. It is provided in aim to be transparent and offer guidance on where you may be able to strengthen your full proposal.

- Application lacks an official bid so project costs could change. No plan was presented to adjust to changes in project costs.
- Serves those who are disproportionately impacted. Project cost is reasonable and proportional. Lowers operating cost.

Have you received quotes to support the grant request?

**An informational webinar about this proposal is available here.**

**The rubric that will be used to score this proposal can be downloaded here.**

**If you would like to complete this application first in Microsoft Word, you may download a Word version here.**

### Brief Project Descriptor

Please briefly describe this organization's request.

HVAC replacement for housing complex

### Organization Name

Homeless Empowerment Program (HEP)

### Project Name\*

Please choose a short name to identify this project within the grant portal:

HEP West HVAC Replacement

### EIN\*

592729694

### Incorporation Year\*

What year did your organization incorporate? This will be the year listed on your determination letter from the Internal Revenue Service.

1986

### Organizational Mission Statement

What is your organization's mission statement?

**This has been copied from your Letter of Intent and cannot be changed.**

To provide homeless and very low-income individuals and families, including Veterans, with housing, food, clothing and supportive services necessary to obtain self-sufficiency and improved quality of life.

### Unique Entity ID (SAM)\*

Please provide your organization's Unique Entity ID number. This is a specific number used by the federal government to identify your organization. **This is different from a DUNS number, which the federal government no longer uses.**

If you do not have a Unique Entity ID number, you can create an account on SAM.gov and apply for one here (it is free and may take 3-4 days for approval): <https://sam.gov/content/home>

This field is optional as to not stop a qualifying organization from applying. HOWEVER, a Unique Entity ID number will be required if your organization is approved for a grant. Your organization should apply for a number now if it does not yet have one.

Character Limit: 12

TLYNLJB4L7J3

### Annual Operating Budget Size

Please provide the amount of your annual operating budget (expenditures only) for your entire organization.

**This has been copied from your Letter of Intent.**

\$5,954,104.00

### Amount Requested\*

The maximum grant amount is \$5 million.

**This has been copied from your Letter of Intent and should not be changed. If your project cost has changed since submitting your Letter of Intent, please contact Rose Cervantes at [rcervantes@pinellascf.org](mailto:rcervantes@pinellascf.org).**

\$423,600.00

## Does the total project cost exceed the amount your organization is requesting?

Please note: Answering "Yes" will cause additional questions to load later in this application.

### Examples

ABC Childcare is seeking funding for a new playground. ABC Childcare is asking PCF to fund \$150,000 for certain equipment, and will seek other funding and donations for the remaining \$20,000 of the playground. ABC Childcare would select "Yes" for this question.

Better Tomorrow, a mental health provider, is looking to expand their counseling center by two rooms to meet increased service demand arising from the pandemic. Better Tomorrow has secured \$25,000 in private contributions, and wants to request the remaining \$125,000 in this grant. Better Tomorrow would select "Yes" for this question.

DBE Food Pantry is seeking funding a new HVAC unit for their pantry, and is requesting \$40,000 from PCF to cover the entire cost. DBE Food Pantry would select "No" for this question.

No

## *Request Specifics*

### Organization Programming Background\*

Please describe the programming your organization offers to the community and the length of time it has been doing so. That is, what does your organization **do** and **how long** has it been doing it?

#### **This has been copied from your LOI.**

Incorporated in 1986 and located in the City of Clearwater, Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program (HEP) is North Pinellas County's foremost provider of emergency shelter and supportive housing for homeless individuals and families and is the only organization of its kind in the city of Clearwater addressing the needs of the entire homeless population. HEP has been providing emergency shelter and supportive housing and case management services for individuals and families with minor children since its inception, and those exiting HEP demonstrate a 98% success rate for obtaining and sustaining affordable housing in the community for a period of one year or longer. Supportive services include daily meals and basic needs, medical, dental, mental health, substance abuse, wellness, workforce development, and transportation.

As a recipient of the Charity Navigator 4-Star Rating for nine consecutive years, an honor that less than 3% of all charities can claim, HEP provides complete transparency of our financial data. In order to obtain a 4-star rating, HEP must also display strong financial health and accountability. Achieving this honor takes complete employee participation. We have taken a proactive approach in ensuring HEP receives this honor by including 4-Star Charity Navigation requirements into our standard operating practices. HEP is accredited by CARF for service coordination through 2025. This achievement indicates HEP's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of conformance to standards.

## Community Need\*

Please describe the community need that exists for your programming. If you are able to cite quantitative, local data, that will strengthen your proposal.

### **This has been copied from your LOI.**

The 2022 Pinellas County Point-In-Time Survey, a count of sheltered and unsheltered people experiencing homelessness on a single night in January, identified 1,985 people comprising 1,658 households as literally homeless. Of the 1,985 total people counted, 52% (1,034) were in Emergency Shelters, 32% (644) were Unsheltered, 13% (258) were in Transitional Housing, and 2% (49) were in Safe Havens. Overall homelessness decreased slightly from 2020, when 2,226 people comprising 1,979 households were identified. Unsheltered homelessness also decreased from 36% (808) in 2020, 34% (834) in 2019, and 36% (956) in 2018. Reliable data is unavailable for 2021 as the unsheltered Point-In-Time count was cancelled due to the COVID-19 pandemic.

## Negative Economic Impact\*

**The following question is the keystone of a strong application in this process. If your organization cannot demonstrate a negative economic impact from the pandemic, your application will not qualify for committee review. If you are uncertain about what constitutes negative economic impact or how to demonstrate it, please contact PCF staff for technical assistance.**

**The more quantifiable your negative economic impact is, whether it be fiscal losses/pressures or increased service demand, the stronger your answer will be. The more specific your evidence, the better.**

Describe your organization's negative economic impact arising from the COVID-19 pandemic. Examples could include:

- A reduction in revenue from 2019 to 2020
- Inflationary pressures
- Increases in demand for services that have not been compensated for through new revenue
- The use of reserves for unbudgeted expenses since the onset of the pandemic, and such use of reserves has prevented the purchase of capital assets
- A need for capital assets to offset community need for which your organization does not have the resources to purchase due to the negative economic harm from the pandemic
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC
- Growth in restricted pandemic-related revenue that does not permit capital asset acquisition

**Note: If you are applying for both a Small Purchase and Large Project, you may reuse the answer for this question PROVIDED THAT the negative economic impact is relevant to both requests.**

**This has been copied from your LOI.**

Contributions decreased significantly in 2020 compared with 2019 – down \$4,032,030.

Program Service revenue decreased in 2020 compared with 2019 due to no new intakes in SATP, SCMI, Per Dem, CHAP, and dental. Federal grants down \$316,926, state grants down \$12,707, local grants down \$84,209, client rent down \$3,617 and dental income down \$7,546 in 2020 compared to 2019.

Special events had to be cancelled during the pandemic. Net revenue for events were down \$34,462 in 2020 compared to 2019.

At the beginning of the pandemic, we had limited intakes which greatly reduced our daily census and ability to bill for bed night stays, reducing our program revenue.

We had to close our thrift store for almost three months, and then re-opened with limited hours. Revenue down \$34,462 in 2020 compared to 2019

We had to close our Dental Clinic for months.

Added onsite security since there was limited staff on site.

We closed our daycare, utilizing community services to replace it.

We reorganized the Meal Service into a takeout only service, incurring additional expenses for packaging and purchasing food more appropriate for takeout. Food donations also dropped off at the start of the pandemic. Implemented PPE, disinfectants, and a fogging service, additional costs not previously incurred. New cost of \$68,130

We turned an 8 apartment building into a quarantine building to accommodate new intakes and keep existing clients safe. We relocated the families from those apartments into other apartments on campus.

Secured PPP funds allowing HEP to continue paying staff salaries including those out on FFMLA and staff out sick with COVID. Staff worked limited hours but were paid full salaries.

Received an increase Oct 2020 in the GPD and SCMI rates to offset additional costs.

Received donations specific to pandemic issues such as food, cleaning, and housing.

Applied for Employee Retention Tax Credit.

Due to limited EH intakes from the pandemic, this affected our EH bed night stays which created a situation where we were not able to expend all EFSP dollars.

Due to the pandemic and government COVID relief, potential employees for vacated positions were unable to be full filled; this in turn made difficult to spend down grant funding towards staff salaries/fringe.

Pandemic also affected ridership to the VA; this in turn translated to driver layoffs (this then affects FDOT expenditures).

Pandemic affected supply chains for the Dorm Rehab project which in turn caused HEP not to be able expend funds in a timely manner (contract amendment extensions).

## Negative Economic Impact - Uploads

**You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages. Word, Excel, JPG and PDF files are accepted.**

## Pandemic Relief Funding\*

Please describe all government pandemic relief funding your organization has received since the onset of the pandemic. This includes but is not limited to the Pinellas CARES Nonprofit Partnership Fund, other ARPA funding, PPP (Paycheck Protection Program), and Community Block Development Grants specifically targeting COVID-19 relief.

**Explain why or how this pandemic-relief funding has not alleviated the negative economic impact you have described above.** Potential reasons include expiration dates on certain funding, inflationary pressures, restrictions prohibiting capital expenditures, or the funding simply not being enough to remedy the harm you've indicated above. **The more concrete your numbers, the better.**

**If you have not received government relief funding for your organization since the onset of the pandemic, write "No pandemic relief funding received" below.**

Paycheck Protection Program (PPP) \$608,725.42 X 2 = \$1,217,450.84

SCMI CARES increased bed night stays from \$50 to \$90

GPD increased bed night stays from \$48.50 to \$86.85

FEMA CARES awarded \$23,193 but did not spend \$1,249.20 of the award and had to return the unspent amount

CHAP CARES amount available \$68,587 and \$225,000 amount spent TBD

Employee Retention Tax Credit (ERTC) total \$226,925.14 filed but nothing has been received

Pandemic-relief funding has helped, but our organization is still facing financial hardships due to the following reasons:

Inflation is a factor in our purchases and in our hiring salaries and current staff salaries. We have had to increase salaries to both retain and recruit staff. Food and other costs have increased.

We have not received the Employee Retention Tax Credit money.

Special events still have not come back to pre-2020. In 2021 we only held a golf tournament due to COVID. In 2022 we added the fashion show and attendance was good.

The VA shuttle has very low ridership so less trips mean less expenses and harder to draw down the FDOT funds. - lower fuel costs, less maintenance/repair required, lower ridership for the Dodge Caravan and CMAX. VA Clients utilizing remote medical services added to less ridership.

Restrictions on EFPS created a situation where we were not able to expend all EFSP dollars and had to return funds. - Due to Pandemic protocols for intakes, VA client beds were utilized more than EH beds. This in turn greatly reduced the number of allocated EH beds which drastically affected funding.

Intakes have increased since the pandemic, but not by much due to social distancing configurations within our shelter facility.

## Proposal Description\*

The American Rescue Plan Act requires a request that is reasonable and proportional to the level of economic impact your organization experienced. This means the request you describe below should not be greater than the economic harm your organization has suffered.

Please describe your project proposal and address the following:

- What project will be undertaken with these funds?
- What is the estimated lifespan of the project/property improvement?
- How does it address the negative economic harm you described in the previous question?

**This has been copied from your LOI. While you are able to update this field, YOU SHOULD NOT CHANGE THE NATURE OF YOUR REQUEST. That is, this field should only be updated for clarity, not changing what you are requested funding for.**

In the summer of 2022, there was a collision involving a motor vehicle at HEP West Veterans Housing, which totaled one of the (2) HVAC condensing units. The insurance deductible to replace this unit is \$25,000, and the responsible party's insurance will pay only \$10,000 toward the replacement costs. Instead of going through the insurance, we have opted to replace the entire HVAC due to ongoing repair costs and other factors listed below.

The current HVAC system that we have at HEP West Veterans Housing is called an LG Multi V system. It consists of one (1) condensing unit system per 16 air handler units. We have a total of two (2) condensing units and 32 air handlers for all 32 apartments. This system was state-of-the-art technology when it was installed in 2012 upon construction of the building. Unfortunately since it was installed, we have had problems every year with the equipment and this in-turn has created a lot of down-time for the units leaving our residents without central AC for long periods of time. The bullet points below highlight some of the reasons we would like to re-design and install a new HVAC system for the entire complex.

- Difficult to find certified LG technicians to work on the equipment
- When the condensing unit breaks, 16 apartments are without AC
- The condensing units have multiple parts that can break and are difficult to troubleshoot
- When the units are down HEP incurs the cost of installing temporary AC units in each apartment
- The units are 10 years old so we expect that more repairs and/or replacement will be needed
- One of the condensing units has been condemned due to a collision from a motor vehicle

## Number Served

How many people will directly benefit from this capital purchase annually?

**This has been copied from your LOI. It cannot be changed.**

32

## Unduplicated vs. Duplicated

Is the number indicated above duplicated or unduplicated?

**Duplicated:** A client is counted each time they access services

**Unduplicated:** A client is counted once, regardless of the number of times they access services

**Example:** ABC Food Bank operates two mobile food pantries, one in Clearwater and one in St. Petersburg. Taylor, a Pinellas County resident, goes to both food pantries. If ABC Food Bank counts Taylor's visit TWICE, it is **duplicated**. If ABC Food Bank counts Taylor's visit ONCE, it is **unduplicated**.

**This has been copied from your LOI and cannot be changed.**

Unduplicated

## Other (Explanation Required)

If you selected "Other" in the previous question, please explain how your organization determined the number of clients that will benefit from the proposed capital project.

**This has been copied from your LOI and cannot be changed.**

N/A

## Rent vs. Own

Does your organization rent or own the property for which you are proposing modifications?

Own

## Guiding Principles - Client Impact\*

The American Rescue Plan Act, which provides the funding for this grant program, aims to ensure an equitable recovery from the COVID-19 pandemic. The term "equity" is defined as:

The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified priority populations are met.

**Will this project benefit the community members defined above that have experienced disproportionate negative impacts from the COVID-19 pandemic? If so, how?**

**This has been copied from your LOI.**

This purchase will benefit community members adversely affected by poverty and homelessness. Specifically, this project will impact disabled Veterans. Many of the persons served are experiencing homelessness due to the negative impacts from the COVID-19 pandemic due to loss of income, poor health and rising housing costs.

## Organizational Sustainability\*

How does this purchase contribute to the long-term sustainability of your organization and the work it does? That is, what impact will this project have on your organization and/or its clients over the long-term?

Examples include increased service capacity, reduced cost of delivering services over time, higher-quality or more equitable service delivery, and increased lifespan/quality of property.

Quantifiable numbers will strengthen your answer.



This purchase will reduce annual maintenance costs by at least \$10,000. It will provide quality HVAC for homeless veterans residing in these units.

### Permits\*

Please describe any permits necessary for the successful completion of this proposed project. Be sure to include any permits already obtained or in progress, and/or what the timeline is to acquire permits.

We will need an HVAC permit and an Electrical permit. The timeline to acquire these should be short (within a month) as long as the city allows us to do this project as a change out. If we are required to have mechanical engineering plans then that process will take longer. The HVAC contractors think that we should be able to do the project as a change out.

### Plan Set\*

Do you have a plan set for this project?

A plan set refers to the "batch" of plans, drawings, prints, files, etc., that you receive from an architect that explains what needs to be built, how, and where. **Not all qualifying projects in this process require a plan set.**

**If you answer Yes, you will be required to upload the Plan Set later in the application.**

No

### Plan Set Upload\*

If you answered "Yes" above, please upload the Plan Set here. If you have trouble with file size limitations, please reach out to Rose Cervantes at [rcervantes@pinellascf.org](mailto:rcervantes@pinellascf.org). If you have any narrative to accompany the plan set, you may write it below.

**PDF files are permitted.**

N/A

### Timeline\*

Given a spending deadline of December 31, 2026, give a detailed **and realistic** timeline as to how this large capital project will be executed and completed. If there are phases to this project, indicate so in the narrative below. If you specified that permits were needed for this project above, ensure you include the acquisition time in the timeline.

**Please include the following:**

1. **How the timeline was developed**
2. **Timeline of planning and execution. Please include start and end dates by month and year. For example, April 2023 - June 2023.**

#### **Example**

Better Tomorrow is proposing the expansion of their counseling center. This requires a 2-month planning phase,

one month to obtain all necessary permits, and four months to build. Better Tomorrow would list each phase, a brief description of what takes place in each phase, and an estimated start and completion date for each phase.

The timeline below for the HVAC replacement at 1101 Holt Ave will take place March 2023-June2023. The apartment building contains 32 apartment units and the original HVAC design has a Southside condenser system and a Northside condenser system. The timeline established below will break up the project into the Southside and the Northside. Following permitting and a week of site preparation, HVAC replacement will begin on the south side of the building in apartments 115, 116,215, and 216. The HVAC contractor will complete the installation of new air handlers in 4 apartment units per week. Those air handlers will be connected to 2 separate dual head condensing units that will be installed on a wall bracket on the east side of the building. Inspections will take place at the completion of each side of the building. Draw requests will take place quarterly. The decision to begin installation on the Southside of the building is because the Southside condenser is not functioning and all 16-apartment units on the Southside of the building are utilizing temporary air conditioning systems. Upon completion of both the Southside and Northside new HVAC installs, the old condensing units will be demolished and removed from the property.

#### Activity / Date

Permitting 3/1/2023

South Side Installation Preparation 4/3/2023

Install Units 115, 116, 215, 216 4/10/2023

Install Units 113, 114, 213, 214 4/17/2023 25%

Complete Draw Request 4/21/2023

Install Units 111, 112, 211, 212 4/24/2023

Install Units 109, 110, 209, 210 5/1/2023

South Side Installaton Complete 5/5/2023

Partial Inspection- South Side Units 5/5/2023 50%

Complete Draw Request 5/5/2023

North Side Installation Preparation 5/8/2023

Install Units 107, 108, 207, 208 5/15/2023

Install Units 105, 106, 205, 206 5/22/2023 75%

Complete Draw Request 5/26/2023

Install Units 103, 104, 203, 204 5/29/2023

Install Units 101, 102, 201, 202 6/5/2023

Demo and Remove Old LG Condensers 6/12/2023

Final Inspection- North Side Units 6/16/2023

Final Completion Draw Request 6/16/2023

### Team Leadership\*

Please describe the following:

1. The team and leaders that will be overseeing this proposed project.
2. Their relationship to your organization
3. Their role in this project
4. Whether or not they have overseen similar projects

1. The team and leaders that will be overseeing this proposed project.

1. Zak White

2. Vickie Jurco

3. Jeff Zlecheck

2. Their relationship to your organization

1. Zak White- Executive Vice President

2. Vickie Jurco- Facilities Manager

3. Jeff Ziecheck- Project Specialist

3. Their role in this project

1. Zak White- Overseeing Jeff and Vickie

2. Vickie Jurco- Processing draw requests

3. Jeff Ziecheck- Overseeing the implementation of the project

4. Whether or not they have overseen similar projects

1. Zak, Vickie and Jeff have worked together in the same roles implemented large apartment renovations, window installations and HVAC installations over the past 5-10 years at HEP

## *Community Connection*

The American Rescue Plan Act (ARPA) prioritizes organizations that either have headquarters or carry out the majority of their operations inside Qualified Census Tracts (QCTs). QCTs are a standard method of identifying communities with a large proportion of low-income residents. The U.S. Department of Housing and Urban Development determines what areas qualify as QCT.

To assess if your organization serves or is headquartered in a QCT, use the following link:

[https://www.huduser.gov/portal/sadda/sadda\\_qct.html](https://www.huduser.gov/portal/sadda/sadda_qct.html)

In the top right-hand corner, choose the state of Florida and Pinellas County. Then on the left-hand side of the screen, click the box next to “Color QCT Qualified Tracts.” The QCT zones are denoted in purple. You can also map your address by adding it into the address box at the top to see if your location is inside the zones.

Below, please provide the location of your operations and the location of your headquarters, if different.

### Headquarters Location

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your Sunbiz registration, you may search here: <https://dos.myflorida.com/sunbiz/search/>

**This has been copied from your LOI and cannot be changed.**

1120 North Betty Lane, Clearwater, Florida 33755

## QCT Determination - Headquarters

Is this organization headquartered in a QCT?

Yes

## Project Location

Please provide the address or intersection where the property being modified is.

**This has been copied from your LOI and cannot be changed.**

1101 Holt Avenue, Clearwater, Florida 33755

## QCT Determination - Project

Is this organization's project in a QCT?

Yes

## QCT Impact\*

PCF understands that just because a project may not be located in a Qualified Census Tract, those who reside in one may access your services and may come to the location where your organization's project will take place.

- If applicable, please describe if you have clients that reside in a QCT as indicated on the map linked above, and the proportion of your clients that come from these areas.
- If your organization does not serve clients from a QCT, you can write "Not Applicable" below.

**This has been copied from your LOI.**

Not Applicable

## QCT Determination - Clients

Does this organization's project benefit residents of QCTs?

Yes

This section aims to capture general demographic data about your organization and to see how you engage with and represent the community you serve. PCF has generalized the demographic data questions more than it has in other processes because of the public nature of this process. PCF understands that identity disclosure can be a sensitive matter, and wants to respect your organization's board and staff. If your organization feels comfortable sharing more detailed demographic information, it may do so in the "Community Representation and Connection" section.

## Community Representation and Connection\*

Describe how your organization is representative of, or has authentic connections to, the community your proposal seeks to serve. You can list other community-based organizations that work on programming with you and/or list examples of your work within this community.

**This has been copied from your LOI.**

The race/ethnic composition of clients served is 60% Caucasian, 30% African American, 9% multi-racial and 1% Hispanic/Latino. The gender breakdown is 32% female and 68% male.

Currently, the racial/ethnic composition of our staff is as follows: 50% Caucasian, 25% African American, 5% Hispanic, and 3% Asian. The gender breakdown is 60% female and 40% male.

According to our 2022 Board of Directors composition report, 17% identified as a racial or ethnic minority (African American, Asian, Hispanic, American Indian, Hawaiian or Pacific Islander) and 83% identified as Caucasian. The gender breakdown is 37% female and 63% male.

We partner with many organizations located in the community including but not limited to the following: Pinellas County School Board, Baycare Health System, St. Petersburg College, Bay Pines VA Hospital, Clearwater Free Clinic, Safe Harbor, Pinellas Hope, and Advantage Mental Health Center.

## Leadership Demographics - Executive Level Leadership Team

Does your executive leadership team consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

BIPOC

Neurodiverse/physically disabled

## Leadership Demographics - CEO/Executive Director

Does your CEO/Executive Director consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

None of the above

## Leadership Demographics - Board Membership

Do your board members consider themselves a member of one or more of the following populations? Check all that apply.

BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color

LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)

Neurodiverse/physically disabled

BIPOC

LGBTQ+

## *Financial Overview*

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**IF A CONTRACTOR HAS NOT BEEN SELECTED, BIDS MUST BE DATED AFTER 8/8/22. If you need assistance compressing files, please email Rose Cervantes at rcervantes@pinellascf.org.**

The file attached below should contain current, verifiable bids, estimates, or price lists [from your potential vendor(s)]. **Please ensure there is a date noted on the bid or some annotation as to when you obtained these estimates/bids.**

- If your project costs **LESS** than \$75,000, you must upload TWO verifiable bids or estimates for the proposed project.
- If your project is **EQUAL TO** or **MORE THAN** \$75,000, you must upload THREE verifiable bids or estimates for your proposed project.

**If you have already selected a contractor for this process and do not have multiple bids to upload, please ensure you answer the narrative question below thoroughly.**

### **Bid/Estimate #1\***

PDF files are accepted.

Air Masters.pdf

### **Bid/Estimate #2**

PDF files are accepted.

RDK.pdf

### **Bid/Estimate #3**

PDF files are accepted.

Garland.pdf

## Selected Contractor\*

If you have not yet selected a contractor and have uploaded multiple bids above, please write N/A below or you will not be able to submit your application.

If your organization has already selected a contractor for this proposed capital project, please describe the process through which this contractor was chosen, and be sure to answer:

1. Was there a competitive bid process? That is, were multiple bids collected in order to evaluate multiple contractors? Describe this process (names of contractors, number of bids collected, prices, and why the contractor was chosen).
2. What personnel members at your organization selected the contractor?
3. Has a contract been executed with this contractor? **If yes, upload the contract here. If no, please describe the status of contract.**

*If a contractor has already been selected AND a competitive bidding process was not used, the project will lose points.*

N/A

## Minority/Woman-Owned Business

Is your selected contractor, or the bid you are going to choose if funded, one of the following:

- Small-business enterprise (SBE)
- Disadvantaged business enterprise (DBE)
- Minority and/or woman-owned business (MWBE)

Unknown

## Related Parties\*

Are any of the contractors/vendors that have provided bids/estimates a related party to your organization?

### Examples of Related Parties

- A board member that owns the contracting company that provided a bid
- The relative of a director, officer, or executive team member owns a company that provided an estimate
- The CEO of the applying organization has a financial interest in the construction company providing a bid

If **yes**, identify the vendor and describe the relationship.

If **no**, write "No related parties below."

No related parties

## Budget Detail\*

Please upload a clear, easily readable budget that breaks out costs for this proposed project. Ensure that it is clear what portion would be paid for through this grant funding and what would be paid for from other sources. **Be sure**



**that the budget includes 10-20% for contingencies and any costs related to performance and payment bonds for construction projects.**

If you are going to request the permitted indirect cost of up to 5%, please be sure this is represented in your budget.

An example budget is available here.

If you have additional notes to add to your budget summary, you may do so in the text box below.

**PDF and Excel files are allowed.**

HEP\_HVAC Budget.pdf  
See attached

### Other Funding Sources\*

Please describe any other funding that your organization has applied for or obtained for this project. This includes but is not limited to Community Development Block Grants (CDBG), local government grants (including Tourist Development Council funding), foundation grants, and donors (you do not need to disclose donor identities, simply amount raised that is allocated to this project). This includes any matching grants or in-kind contributions you may have obtained.

If none, please explain why no additional funding sources have been pursued.

**If this answer has changed since submitting your LOI, you may update it below. Please be sure all funding sources below are represented in the budget you have uploaded above.**

N/A

### Changes in Operating Costs\*

Please answer this question based on the descriptions below:

- If this project **increases** ongoing operational costs (programmatic, operating maintenance or other costs), how will you compensate for the difference?
- If this project **decreases** ongoing operating costs, how will it do so?
- If this project **does not affect** operating costs, please note so below.

**If this answer has changed since submitting your LOI, you may update it below.**

This project will lower operating costs by reducing annual maintenance and repair costs. We are currently spending \$30,000 per year to maintain the HVAC system at HEP West.

### Fund Management Capacity\*

Please describe your organization's capacity to manage these potential ARPA funds in terms of fiscal management and financial infrastructure.

**This includes, but is not limited to, the use of accounting software that can track a general ledger and multiple accounts and the ability to work on a reimbursement-basis.**

The inability to handle a reimbursement-based grant does not disqualify your organization from applying.

**This has been copied from your LOI.**

HEP utilizes a comprehensive accrual-basis accounting software application geared towards the not-for-profit industry. The software was designed to track program revenues and expenses by funding source. HEP has implemented this software to maintain an audit trail of revenues and expenses for each of its programs. Reports are generated as needed for ad hoc review. HEP maintains a separate compliance department independent of accounting to ensure that program compliance is accurate and monitored. Our financial statements are audited annually by an independent auditor in accordance with auditing standards generally accepted in the U.S. and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the U.S. and the types of compliance described in the U.S. Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations

### **Corrective and Investigative Action/Grant Recall\***

In the past three (3) years, has your organization had any of the following occur:

1. Been under legal investigation by a local, state, or federal institution?
2. Been placed on a corrective action plan by a funder?
3. Had grant funding recalled by a funder?

If yes, please describe the investigation, corrective action plan and/or grant recall, and the current status of such incidents. If no, write "N/A"

N/A

## ***Organization Documentation***

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### **Organization Budget\***

Please upload your most recent, board-approved organizational budget for this fiscal year. PDF and Excel documents are accepted.

Agency Budget 2022.pdf

### **Board of Directors List\***

Please upload a current list of members of your organization's Board of Directors. Excel, Word, and PDF formats are acceptable.

2022 Board Directory 22.pdf

## IRS Form 990\*

Please upload a PDF copy of your most recently submitted IRS Form 990.

**If Form 990 from your most recent fiscal year is delayed or you have received an extension, please explain in the text space below. You may also explain if you don't have a Form 990 due to organization type.** You should still upload the most recent publicly available 990.

If you file a Form 990-EZ and do not have anything to attach, please note so below.

990 HEP Public Inspection Copy 2021.pdf

## Most Recent Financial Statements

Upload a PDF version of your most recent financial statements. If you have audited financial statements, please upload the most recently conducted audit. If you do not have a recent audit, please explain why.

Audit\_21 FS and Compliance\_Final.pdf

## Insurance

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### Evidence of Insurance Coverage\*

Grantees of the ARPA Nonprofit Capital Project Fund will be required to maintain appropriate insurance related to your operations and this project. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance.

**If your organization does not have evidence of insurance coverage, please provide an explanation as to why.**

HEP - COIs Information only.pdf

### Insurance Requirement\*

**If you are awarded a contract from the ARPA Nonprofit Capital Project Fund, you will be required to list Pinellas Community Foundation as an additional insured through your general liability insurance or other appropriate coverages for the duration of the contract. If you would like to check with your insurance carrier on how to do this, here is the information about PCF you will need:**

Pinellas Community Foundation  
17755 US Highway 19 N  
Suite 150  
Clearwater, FL 33764  
727-531-0058

**Please check the box below to indicate that you understand and will be able to comply with this requirement if you are awarded a contract.**

**PCF will not ask for a certificate naming us as additional insured until the contracting stage.**

Yes, I understand and will comply with this requirement if awarded a contract.

## *Post-Grant Requirements*

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### **Reporting Requirements Acknowledgment\***

Grantees will be required to submit a pre-award agreement within two weeks of receiving an award notice. In addition, grantees will be required to submit monthly expenditure reports until their project is completed and their contract is closed out.

Financial information justifying all expenditures will also need to be provided. This includes but is not limited to:

- Invoices
- Canceled checks
- Credit card statements, along with a record of paying the credit card.

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at [rcervantes@pinellascf.org](mailto:rcervantes@pinellascf.org).

Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

## *Additional Information*

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### **Additional Upload**

If you have something to share, you can upload it here in PDF format.

### **Anything else to share?**

Is there anything else that you would like Pinellas Community Foundation to know or other information your organization would like to share that isn't addressed elsewhere in this application?

## File Attachment Summary

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### *Applicant File Uploads*

- Air Masters.pdf
- RDK.pdf
- Garland.pdf
- HEP\_HVAC Budget.pdf
- Agency Budget 2022.pdf
- 2022 Board Directory 22.pdf
- 990 HEP Public Inspection Copy 2021.pdf
- Audit\_21 FS and Compliance\_Final.pdf
- HEP - COIs Information only.pdf

# Proposal

Residential Division: 813-234-2419

Fax: 813-234-2209

Air Conditioning

Heat Pumps

Furnaces - Gas & Oil

Ice Machines



4824 N. Florida Avenue  
Tampa, FL 33603  
(813) 234-2419 • Fax (813) 234-2209  
State Certification # CMC1249497  
www.airmasters.net

Energy Savings  
Agreements  
Duct Systems -  
Sheet Metal or  
Fiberglass  
Pool Heaters  
Water Pumps

PROPOSAL SUBMITTED TO HEP - ATTN: JEFF ZIECHECK		PHONE (727) 422-9041	DATE 12.5.22
STREET 1120 N. BETTY LANE		JOB NAME HOLT LOCATION EQUIPMENT REPLACEMENT BUDGET	
CITY, STATE AND ZIP CODE CLEARWATER, FL 33765		JOB LOCATION 1101 HOLT AVE. CLEARWATER, FL 33755	
ARCHITECT N/A	DATE OF PLANS N/A	JOB PHONE	

We hereby submit specifications and estimates for:

- FURNISH AND INSTALL HVAC PER SITE VISIT, SPECIFIED MATERIALS AND RECCOMENDED SCOPE OF WORK:
  - DISCONNECT ELECTRICAL, PIPING AND CONTROLS. REMOVE AND DISPOSE OF (4) EXISTING LG CONDENSING UNITS, (32) LG AIR HANDLERS, REFRIGERANT PIPING AND ELECTRICAL FOR OUTDOOR CONDENSING UNITS.
  - (16) NEW GREE 2-TON VRF CONDENSING UNITS WITH WALL BRACKETS MOUNTED BETWEEN FIRST AND SECOND FLOORS. (32) 1-TON GREE DUCTED AIR HANDLERS. NEW REFRIGERANT PIPING AND INSULATION.
  - NEW ELECTRICAL FOR OUTDOOR CONDENSING UNITS. REUSE EXISTING ELECTRICAL FOR NEW INDOOR AIR HANDLERS. ATTACHE TO EXISTING CONDENSATE PIPING.
  - ENGINEERING, AS NEEDED, FOR NEW PERMIT REQUIREMENTS.
  - NEW CUSTOM WALL ACCESS METAL PLATING FOR PIPING WORK AND FUTURE ACCESS.
  - CLEAN AREAS AFFECTED BY CONSTRUCTION ACTIVITY.
  - WORK TO TAKE PLACE DURING NORMAL BUSINESS HOURS.
- PRICE INCLUDES: ALL APPLICABLE TAXES.
- NOTE: PRICING MAY CHANGE DUE TO ENGINEERING AND BUILDING DEPARTMENT REQUIREMENTS.

**We Propose** hereby to furnish material and labor — complete in accordance with above specifications, for the sum of:

FOUR HUNDRED FIFTY THOUSAND AND 00/100'S \_\_\_\_\_ dollars

\$ 450,000.00

Payment to be made as follows

NET 30

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

The undersigned hereby agrees and acknowledges that should payment, in full, not be forthcoming within ten (10) days from the date of completion, that any unpaid amounts shall accrue interest at the highest legal rate allowed by law in the State of Florida. It is further agreed that should AIR MASTERS OF TAMPA BAY, INC., be required to resort to legal action to collect any unpaid balance, that the undersigned shall pay in addition to the amounts due and owing hereunder, plus interest, costs and attorney's fees reasonably incurred by AIR MASTERS OF TAMPA BAY, INC., to collect the monies due hereunder.

Authorized

Signature

Note: This proposal may be withdrawn by us if not accepted within 15 days.

**Acceptance of Proposal** — The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date of Acceptance: \_\_\_\_\_





RDK Air Conditioning and Heating  
21947 US HWY 19 N  
Clearwater FL 33765  
727-269-1992

Estimate 27241648  
Job 22118577  
Estimate Date 12/15/2022  
Customer PO

**Billing Address**

Homeless Empowerment Program (HEP)  
1101 Holt Avenue  
Clearwater, FL 33755 USA

**Job Address**

Homeless and Powerment  
Program  
1101 Holt Avenue  
Clearwater, FL 33755 USA

**Estimate Details**

Veteran Apartments AC Replacement Estimate : Proposal for the following work to be performed:

**Demo:**

Demo Both VRF Condensers and 32 Indoor Low Static Ducted air handlers.  
Demo all copper in attic and down the line covers. (some copper may stay in the ground. Run pipes will be capped and glued properly)  
Demo all electrical connecting outdoor VRF Systems up to the nearest service disconnect.  
Properly dispose of all materials and leave the job site clean at the end of each work day.

**Installation:**

Installation of (16) 24kbtu Mitsubishi condensing systems to wall brackets mounted on the back and the front of the building.  
Each Condensing unit to Service 2 apartments. One downstairs and one upstairs.  
Installation of (32) MED static ducted mini split air handlers and connecting them to Existing: Mounting hardware, Ductwork, drain pan, drain pipe and location. Heat Pump, Horizontal MED Static Ducted Unit

**Refrigerant copper:**

Install new Copper to each unit, Both suction and liquid line to be insulated in \*\* 3/4 Thick Armaflex insulation with every joint glued to prevent leaks, All refrigerant line copper to be strapped neatly and neatly ran to each apartment.

Line Covers: Line covers to be durable plastic \*\*Cover Guard\*\* Brand line covers. With only proper fittings to be used for a clean and neat installation. Install condensers one lower and one higher where the copper will go into the 90 degree elbow for the lower one and a tEE for the higher one this will all connect to one line cover that will take the copper and communicating electrical wire to the attic.

**Thermostats:**

Each apartment is to Receive a new AAR-40MAAU

**Float Switch Controls**

Each Secondary drain pan to receive a SS3 Float switch to shut down the unit in case of a flood event.

**Communicating Cable:**

Install and run 14/4 Metal Clad Shielded wire cable from each condenser to each air handler. Any exposed wire although rated for outdoor installation will be installed with 1/2 conduit for added protection and a cleaner installation.

**Dust Protection:**

Each mechanical room will receive a Nylon dust door with pathway out of the apartment taped and prepared for foot traffic. All areas cleaned at end of each day

**Engineering:**

Licensed MEP to provide mechanical and electrical documents including HVAC calculations and energy forms if required.  
This Estimate is included in this proposal \$12,000

Drywall Repair: Licensed contractor to install drywall back in cut areas that will need to be cut out for access from 2nd to 1st floor when copper is replaced. Contractor Will Tape, Mud and Texture wall to match existing wall.  
This Estimate is included in this proposal \$10,400

Electrical Work: Licensed contractor to install a new electrical wire from one of the apartments panels that will allow for added voltage. One line voltage with breaker from existing panel, new disconnect on outdoor unit with power to outdoor unit. This proposal does not include any panel replacements or if there is not enough power for this condenser to work and a different power source may need to be installed.

This Estimate is included in this proposal \$24,000

Permitting Costs: Estimated at \$2750.00

**Equipment:**

Brand: Mitsubishi  
Seer: (When used with Ducted Air handlers 16 SEER  
AHRI Cert # 202354886  
Outdoor Units (16 QT)  
Model Number: NAXMMX24A132AA

**Indoor Units (32 QT)**

Model Number: AHU PEAD-A12AA7

**Warranty:**

1 Year Labor On Work Completed  
5 Year Parts on equipment Commercial

**References:**

Carco Design- Shawn Carberry Phone: (727) 420-8384

Handyworks Property Services Mike Zelski Phone: (727) 466-4376

American Southeast Construction Dan Gainey Phone: (813) 752-8100

Price Increases Have followed from approximately 5 to 10% on equipment each quarter , Inflation rates and price increases on materials are hard to determine but could be an overall 2-5% of overall project.  
Deposit Amounts to be determined, Thank You

Completion Time: Approximate 1.2 - 1.5 Months this estimate is based on accessibility of work space, availability of materials.

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## Materials

Material	Description	Quantity	Your Price	Your Total
Reference Material	Project Proposal Estimate Including all listed above:	1.00	\$288,927.95	\$288,927.95
			<b>Sub-Total</b>	\$288,927.95
			<b>Tax</b>	\$0.00
			<b>Total</b>	<u>\$288,927.95</u>

Thank you for your business

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Note: This estimate is not a contract or a bill. It is our best guess at the total price to complete the work stated above, based upon our initial inspection. If prices change or additional parts and labor are required, we will inform you prior to proceeding with the work.  
Estimate valid for 30 days.

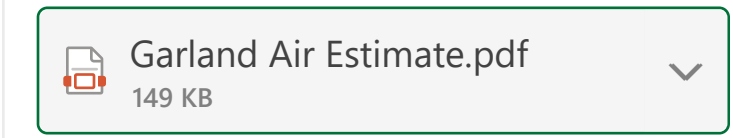
All material is guaranteed to be as specified. All work to be completed in a professional manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders and will become an extra charge over and above the estimate. All agreements contingent upon delays beyond our control. Purchaser agrees to pay all costs of collection, including attorney's fees.

Payments are due upon receipt. All invoices are subject to a late fee of 5%, this will be added to your total amount due. Prices are subject to change without notice, but will reflect on invoice.



### Garland Estimate

**JZ Jeff Ziecheck**  
To: Libby Stone Thu 1/12/2023 9:55 AM



**JEFF ZIECHECK** | Project Specialist | Homeless Empowerment Program (HEP)

1120 North Betty Lane, Clearwater, FL 33755  
P: 727.442.9041 ext. 158  
E: [jeffz@hepempowers.org](mailto:jeffz@hepempowers.org)

[HEPempowers.org](http://HEPempowers.org) | [Facebook](#) | [Instagram](#)

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Reply Forward

WARRANTED FOR 30 DAYS OR AS OTHERWISE INDICATED IN WRITING. THE ABOVE-NAMED COMPANY MAKES NO WARRANTY, WRITTEN OR ORAL, REGARDING THE ABOVE-NAMED COMPANY IS \*\*LIMITED WARRANTY\*\* ALL MATERIALS, PARTS AND EQUIPMENT ARE WARRANTED BY THE MANUFACTURER'S NOTES. EXCLUSIONS: ELECTRICAL PART NORMAL HVAC RELATED CONTROLS. ROOF PENETRATIONS.

Service	ON CURRENT AVAILABILITY. PRICES ARE SUBJECT TO CHANGE AND ARE BASED ON CURRENT AVAILABILITY.			
	GOVT UNIT WILL BE HUNG FROM CEILING JOISTS. BRIGGS' DRAIN PAN AND UNIT TO BE INSTALLED IN NEB OFFICE WILL RECEIVE SUPPLY BRIGGS' RETURN FOR HUMIDIFIER RATING.			
	AS ENGINEERED DRAWINGS FOR WALL MOUNTS UNIT(S). WE WILL PROVIDE WALL MOUNTS AS WELL TO PROVIDE ELECTRICAL DISCONNECT AND BREAKERS AN ELECTRICAL CONTRACTOR WILL NEED TO CLOSE TO AIR HANDLERS LOCATIONS. CONDENSER WILL BE MOUNTED TO WALL OUTSIDE EXISTING BUILDING DRAIN. PIPES OUT WALL AND TO THE GROUND AND OR THERMOSTATS ON WALLS IN ROOMS. RUN DRAIN PIPING TO CONDENSER. INSTALL INSTALL EQUIPMENT IN ROOMS AND RUN COPPER OUR SCOPE OF WORK: DUCTWORK. INSTALL FREE FLEX SPLIT SYSTEM WITH NEB OFFICE RENOVATION (1120 NORTH BETTY LANE) COIGS. SYSTEMS 10 CONDENSERS 35 (12,000 BTU) PAN			
Service	INSTALL FREE MINI SPLIT DUAL HEAD SPLIT	130000.00	1.00	130,000.00

**ATTACHMENT B-3 CAPITAL BASED PROJECT SUMMARY**

**HEP West HVAC Replacement**

CATEGORY OF EXPENSE	GRANT FUNDS	MATCH FUNDS	MATCH %	OTHER FUNDS	TOTAL
1. Scoping and Pre Development	\$ -	\$ -	0%	\$ -	\$ -
2. Design	\$ 15,000.00	\$ -	0%	\$ -	\$ 15,000.00
3. Acquisition	\$ -	\$ -	0%	\$ -	\$ -
4. Construction	\$ 275,000.00	\$ -	0%	\$ -	\$ 275,000.00
5. Administration	\$ 5,000.00	\$ -	0%	\$ -	\$ 5,000.00
6. Working Capital/Reserves	\$ 59,000.00	\$ -	0%	\$ -	\$ 59,000.00
7. Oher	\$ -	\$ -	0%	\$ -	
TOTAL	\$ 354,000.00	\$ -	0%	\$ -	\$ 354,000.00

Homeless Emergency Project, Inc. Operating Budget	Variance 2020 Actual - 2021 Budget		
	2021 Budget	2022 Draft Budget	Budget Variance
<b>Revenue</b>			
Contributions - General, Marketing Campaigns	\$ 833,268	\$ 1,462,486	\$ 629,218
Estate Contributions	\$ -	\$ 50,000	\$ 50,000
Corporate	\$ 129,277	\$ 164,344	\$ 35,067
Stock	\$ 50,775	\$ 52,299	\$ 1,524
Debt Forgiveness	\$ 41,666	\$ -	\$ (41,666)
<b>Contributions Total</b>	<b>\$ 1,054,986</b>	<b>\$ 1,729,129</b>	<b>\$ 674,143</b>
Program Fees-Transitional/Permanent (Client Portion)	\$ 326,019	\$ 304,181	\$ (21,838)
Fundraising - Special Events (Golf, Other)	\$ 123,040	\$ 114,000	\$ (9,040)
Thrift Store Sales	\$ 365,000	\$ 409,575	\$ 44,575
Miscellaneous Income			\$ -
Employee	\$ 8,287	\$ 3,774	\$ (4,513)
Thrift Store	\$ 552	\$ 758	\$ 205
Credit Card Rebate & Laundry Money	\$ 9,716	\$ 11,532	\$ 1,816
Client Paid Dental Fees	\$ 11,185	\$ 13,286	\$ 2,101
Other	\$ 980	\$ 4,630	\$ 3,650
<b>Program Total</b>	<b>\$ 844,779</b>	<b>\$ 861,735</b>	<b>\$ 16,956</b>
<b>Federal Awards</b>	<b>Budget</b>	<b>Draft Budget</b>	<b>Budget Variance</b>
US Dept. of Veterans Affairs Grant and Per Diem	\$ 729,106	\$ 908,601	\$ 179,495
VA Case Management	\$ 223,502	\$ 68,753	\$ (154,749)
Bay Pines SATP Contract	\$ 175,200	\$ 153,300	\$ (21,900)
Bay Pines SCMI Contract	\$ 246,375	\$ 255,500	\$ 9,125
HUD Support Housing (Baty/Carlton/Independence Sq)	\$ 148,622	\$ 169,331	\$ 20,709
US Dept. of HUD - Shelter Plus Care Boley Portion	\$ 7,224	\$ 9,276	\$ 2,052
EFSP Phase 33 34 United Way	\$ 57,429	\$ 36,500	\$ (20,929)
<b>Federal Awards Total</b>	<b>\$ 1,587,458</b>	<b>\$ 1,601,261</b>	<b>\$ 13,803</b>
<b>Other Governmental contracts/awards</b>	<b>Budget</b>	<b>Draft Budget</b>	<b>Budget Variance</b>
City Community Development Block Grant			\$ -
Pinellas County Human Services - CHAP	\$ 69,000	\$ 82,944	\$ 13,944
City of Clearwater, Public Services - CAP	\$ 6,281	\$ -	\$ (6,281)
Pinellas County Human Services - Overnight Shelter	\$ 155,855	\$ 124,684	\$ (31,171)
Jail Diversion Program	\$ 8,386	\$ 9,600	\$ 1,214
VASH Holt, Park, Independence Square	\$ 304,993	\$ 234,879	\$ (70,115)
City of Clearwater (fee for service) - Emergency shelter	\$ 50,000	\$ 50,000	\$ -
FDOT	\$ 24,897	\$ 13,000	\$ (11,897)
FAFCC and State of Florida	\$ 107,571	\$ 103,000	\$ (4,571)
<b>Other Government Total</b>	<b>\$ 726,984</b>	<b>\$ 618,107</b>	<b>\$ (108,877)</b>
<b>Private Foundations</b>	<b>Budget</b>	<b>Draft Budget</b>	<b>Budget Variance</b>
Grants	\$ 863,337	\$ 770,871	\$ (92,466)
<b>Private Foundations Total</b>	<b>\$ 863,337</b>	<b>\$ 770,871</b>	<b>\$ (92,466)</b>
<b>Total Revenue</b>	<b>\$ 5,077,544</b>	<b>\$ 5,581,102</b>	<b>\$ 503,558</b>
<b>Expenditures</b>	<b>Budget</b>	<b>Draft Budget</b>	<b>Budget Variance</b>
<b>Salaries</b>	<b>\$ 2,981,629</b>	<b>\$ 3,300,277</b>	<b>\$ 450,923</b>
<b>Salaries as a percent of revenue</b>	<b>59%</b>	<b>59%</b>	
<b>Fringe Benefits</b>			<b>Budget Variance</b>
FICA	\$ 226,902	\$ 260,794	\$ 33,892
FUTA	\$ 3,192	\$ 3,276	\$ 84
SUI	\$ 5,250	\$ 13,922	\$ 8,672
Workman Comp	\$ 40,848	\$ 45,544	\$ 4,696
Health Insurance	\$ 178,500	\$ 279,300	\$ 100,800
Life Insurance	\$ 14,310	\$ 16,054	\$ 1,743
Short Term Disability	\$ 14,386	\$ 14,846	\$ 460
Long Term Disability	\$ 19,680	\$ 23,855	\$ 4,175
401 K	\$ 53,661	\$ 78,263	\$ 24,602
Employee Liability Insurance	\$ 5,850	\$ 6,084	\$ 234
<b>Fringe Benefits</b>	<b>\$ 562,580</b>	<b>\$ 741,938</b>	<b>\$ 179,359</b>
<b>Total Salaries &amp; Fringe Benefits</b>	<b>\$ 3,544,208</b>	<b>\$ 4,042,216</b>	<b>\$ 498,007</b>
<b>Other Personnel Costs</b>	<b>Budget</b>	<b>Draft Budget</b>	<b>Budget Variance</b>
Payroll Processing	\$ 27,431	\$ 30,299	\$ 2,868
DOT Physicals	\$ 3,037	\$ 3,001	\$ (35)
Employee Background Checks	\$ 714	\$ 1,454	\$ 740

Homeless Emergency Project, Inc. Operating Budget	2021		2022		Variance 2020 Actual - 2021 Budget
	Budget	Draft Budget	Budget	Draft Budget	Budget Variance
Employee Advertising	\$ -	\$ 3,771	\$ -	\$ 3,771	\$ 3,771
Employee Incentives / Recruiting	\$ 739	\$ 750	\$ 739	\$ 750	\$ 11
<b>Total Other Personnel Costs</b>	<b>\$ 31,921</b>	<b>\$ 39,275</b>	<b>\$ 31,921</b>	<b>\$ 39,275</b>	<b>\$ 7,354</b>
ET Reimbursement	Not Budgeted	Not Budgeted	Not Budgeted	Not Budgeted	
<b>Total Personnel Costs</b>	<b>\$ 3,576,129</b>	<b>\$ 4,081,490</b>	<b>\$ 3,576,129</b>	<b>\$ 4,081,490</b>	<b>\$ 505,361</b>
<b>Program Service Costs</b>	<b>Budget</b>	<b>Draft Budget</b>	<b>Budget</b>	<b>Draft Budget</b>	<b>Budget Variance</b>
Transportation	\$ 26,966	\$ 27,240	\$ 26,966	\$ 27,240	\$ 274
Food Service	\$ 71,984	\$ 57,913	\$ 71,984	\$ 57,913	\$ (14,072)
Contract Program Services	\$ -	\$ -	\$ -	\$ -	\$ -
Field Trips	\$ 1,842	\$ -	\$ 1,842	\$ -	\$ (1,842)
Scholarships	\$ 2,500	\$ 2,000	\$ 2,500	\$ 2,000	\$ (500)
CHAP-Assistance	\$ 45,600	\$ 78,001	\$ 45,600	\$ 78,001	\$ 32,401
Grant Management Fee	\$ 5,415	\$ 5,441	\$ 5,415	\$ 5,441	\$ 26
Program Services Outsourced	\$ 96,785	\$ 86,790	\$ 96,785	\$ 86,790	\$ (9,995)
Personal Care	\$ 6,847	\$ 6,148	\$ 6,847	\$ 6,148	\$ (699)
Dental Lab Fees	\$ 10,825	\$ 15,765	\$ 10,825	\$ 15,765	\$ 4,940
Activities/ Wellness	\$ 41,720	\$ 45,960	\$ 41,720	\$ 45,960	\$ 4,240
Life Skills PERC	\$ 140,640	\$ 152,200	\$ 140,640	\$ 152,200	\$ 11,560
Client Rent	\$ -	\$ -	\$ -	\$ -	\$ -
Computer Supplies	\$ 6,450	\$ 18,277	\$ 6,450	\$ 18,277	\$ 11,827
Emergency Supplies	\$ 52,589	\$ 65,081	\$ 52,589	\$ 65,081	\$ 12,492
Program Supplies	\$ 76,870	\$ 65,227	\$ 76,870	\$ 65,227	\$ (11,643)
<b>Program Service Costs</b>	<b>\$ 587,033</b>	<b>\$ 626,042</b>	<b>\$ 587,033</b>	<b>\$ 626,042</b>	<b>\$ 39,009</b>
<b>Other Costs</b>	<b>Budget</b>	<b>Draft Budget</b>	<b>Budget</b>	<b>Draft Budget</b>	<b>Budget Variance</b>
Accounting Fees	\$ 37,715	\$ 33,500	\$ 37,715	\$ 33,500	\$ (4,215)
Bank Service Fee	\$ 10,873	\$ 14,920	\$ 10,873	\$ 14,920	\$ 4,048
Investment Fees	\$ 37,429	\$ 44,386	\$ 37,429	\$ 44,386	\$ 6,957
Consulting Fees					\$ -
CARF estimated fees	\$ 22,448	\$ 8,508	\$ 22,448	\$ 8,508	\$ (13,940)
Other	\$ -	\$ -	\$ -	\$ -	\$ -
Contributions/Donation	\$ 5,899	\$ 7,025	\$ 5,899	\$ 7,025	\$ 1,126
Dues & Subscriptions	\$ 4,253	\$ 6,824	\$ 4,253	\$ 6,824	\$ 2,571
Equipment Leases	\$ 14,263	\$ 17,679	\$ 14,263	\$ 17,679	\$ 3,416
Fundraising Expense	\$ 29,177	\$ 30,000	\$ 29,177	\$ 30,000	\$ 823
Office Equipment Maintenance	\$ 5,621	\$ 5,763	\$ 5,621	\$ 5,763	\$ 143
Insurance Liability	\$ 60,309	\$ 59,805	\$ 60,309	\$ 59,805	\$ (503)
Insurance Property	\$ 78,461	\$ 81,845	\$ 78,461	\$ 81,845	\$ 3,384
Insurance Auto	\$ 54,531	\$ 51,086	\$ 54,531	\$ 51,086	\$ (3,445)
Interest	\$ 543	\$ 527	\$ 543	\$ 527	\$ (16)
IT Professional Fees Hep Express					\$ -
IT Professional Fees	\$ 11,109	\$ 10,250	\$ 11,109	\$ 10,250	\$ (859)
Legal Services	\$ 3,537	\$ 280	\$ 3,537	\$ 280	\$ (3,257)
Technology	\$ 52,488	\$ 57,460	\$ 52,488	\$ 57,460	\$ 4,972
Licenses/Taxes	\$ 1,431	\$ 3,481	\$ 1,431	\$ 3,481	\$ 2,050
Marketing	\$ 29,414	\$ 38,537	\$ 29,414	\$ 38,537	\$ 9,123
Office Supplies	\$ 13,490	\$ 9,666	\$ 13,490	\$ 9,666	\$ (3,824)
Cost of Goods Sold	\$ 1,303	\$ 1,039	\$ 1,303	\$ 1,039	\$ (264)
Postage / Printing	\$ 16,859	\$ 31,826	\$ 16,859	\$ 31,826	\$ 14,967
Training/Seminars/Conferences	\$ 22,176	\$ 15,157	\$ 22,176	\$ 15,157	\$ (7,020)
<b>Other Costs</b>	<b>\$ 513,327</b>	<b>\$ 529,564</b>	<b>\$ 513,327</b>	<b>\$ 529,564</b>	<b>\$ 16,237</b>
<b>Occupancy Costs</b>	<b>Budget</b>	<b>Draft Budget</b>	<b>Budget</b>	<b>Draft Budget</b>	<b>Budget Variance</b>
Rent	\$ 33,896	\$ 33,912	\$ 33,896	\$ 33,912	\$ 16
Telephone - Cell	\$ 13,063	\$ 17,645	\$ 13,063	\$ 17,645	\$ 4,582
Telephone	\$ 21,112	\$ 18,980	\$ 21,112	\$ 18,980	\$ (2,131)
Utilities - Cable & Internet	\$ 14,901	\$ 15,042	\$ 14,901	\$ 15,042	\$ 141
Utilities - Electric	\$ 157,412	\$ 151,800	\$ 157,412	\$ 151,800	\$ (5,611)
Utilities - Water, Sewer, Trash	\$ 174,963	\$ 143,711	\$ 174,963	\$ 143,711	\$ (31,252)
<b>Occupancy Costs</b>	<b>\$ 415,346</b>	<b>\$ 381,090</b>	<b>\$ 415,346</b>	<b>\$ 381,090</b>	<b>\$ (34,256)</b>
<b>Maintenance Costs</b>	<b>Budget</b>	<b>Draft Budget</b>	<b>Budget</b>	<b>Draft Budget</b>	<b>Budget Variance</b>
Maintenance - Appliances	\$ 7,500	\$ 8,250	\$ 7,500	\$ 8,250	\$ 750
Maintenance - Awnings & Blinds	\$ 616	\$ 6,557	\$ 616	\$ 6,557	\$ 5,940

Homeless Emergency Project, Inc. Operating Budget			Variance 2020 Actual - 2021 Budget
	2021	2022	
	Budget	Draft Budget	Budget Variance
Maintenance - Doors & Hardware	\$ 300	\$ 300	\$ (0)
Maintenance - Electrical	\$ 1,100	\$ 2,000	\$ 900
Maintenance - Elevator	\$ 2,813	\$ 3,050	\$ 237
Maintenance - Equipment	\$ 4,000	\$ 74,400	\$ 70,400
Maintenance - Equipment maintenance	\$ 3,200	\$ 3,520	\$ 320
Maintenance - Flooring	\$ 6,000	\$ 3,000	\$ (3,000)
Maintenance - Furniture & Fixtures	\$ 5,000	\$ 39,160	\$ 34,160
Maintenance - General Repairs	\$ 10,410	\$ 11,451	\$ 1,041
Maintenance - Gutters	\$ 300	\$ 400	\$ 100
Maintenance - Hood Cleaning	\$ 800	\$ 880	\$ 80
Maintenance - HVAC	\$ 22,000	\$ 25,000	\$ 3,000
Maintenance - Irrigation	\$ 800	\$ 880	\$ 80
Maintenance - Janitorial	\$ 12,000	\$ 14,000	\$ 2,000
Maintenance - Key and Lock	\$ 1,895	\$ 2,085	\$ 190
Maintenance - Grounds keeping	\$ 42,066	\$ 45,000	\$ 2,934
Maintenance - Lighting	\$ 4,612	\$ 5,073	\$ 461
Maintenance - Painting	\$ 3,500	\$ 3,850	\$ 350
Maintenance - Pest Control	\$ 12,000	\$ 5,000	\$ (7,000)
Maintenance - Plumbing	\$ 9,500	\$ 15,000	\$ 5,500
Maintenance - Remodel	\$ -	\$ -	\$ -
Maintenance - Roofing	\$ 2,400	\$ 2,640	\$ 240
Maintenance - Security & Fire systems	\$ 23,475	\$ 25,823	\$ 2,348
Maintenance - Tree Trimming	\$ 5,025	\$ 5,528	\$ 503
Maintenance - Vehicle Repairs & Maintenance	\$ 13,974	\$ 15,372	\$ 1,397
Maintenance - Vehicle - Gas	\$ 16,500	\$ 16,500	\$ (0)
Maintenance - Windows	\$ 1,000	\$ 1,200	\$ 200
<b>Maintenance Costs</b>	<b>\$ 212,788</b>	<b>\$ 335,918</b>	<b>\$ 123,129</b>
Adopt -A-House Renovations	\$ -		\$ -
<b>Total Maintenance Costs</b>	<b>\$ 212,788</b>	<b>\$ 335,918</b>	<b>\$ 123,129</b>
<b>Total Expenses</b>	<b>\$ 5,304,623</b>	<b>\$ 5,954,104</b>	<b>\$ 649,481</b>
<b>Total Net Operating Income (Loss)</b>	<b>\$ (227,080)</b>	<b>\$ (373,002)</b>	<b>\$ (145,922)</b>
Interest and Dividend Income	\$ 105,608	\$ 132,878	\$ 27,271
Endowment Income	\$ 402,541	\$ 1,559,037	\$ 1,156,497
Net Before Depreciation	<b>\$ 281,069</b>	<b>\$ 1,318,914</b>	<b>\$ 1,037,845</b>
Depreciation (non cash)	\$ 616,413	\$ 665,768	\$ 49,355
Net Income (Loss) including depreciation	<b>\$ (335,344)</b>	<b>\$ 653,146</b>	<b>\$ 988,490</b>
		\$ 0	

Capital		
Dental Chair		\$ 27,000.00
1112, 1115 N Betty & Park St Windows		\$ 108,588.00
Total Caspital		\$ 135,588.00

## 2022 Board of Directors

Officers:	Business Afliliation	Email	Phone
Philip K. Beauchamp, Chairperson	Former President/CEO, MPM Health Care	<a href="mailto:Beaugator3@aol.com">Beaugator3@aol.com</a>	C-727-420-3889
Nancy Ramey, Vice Chairperson	Executive Vice President, ProVise Management Group, LLC	<a href="mailto:Ramey@provis.com">Ramey@provis.com</a>	H-727-543-9039, O-727-441-9022 x225, C-727-543-9039
Michael Kindt Secretary/Treasurer	Financial Advisor, Morgan Stanley	<a href="mailto:michael.kindt@morganstanley.com">michael.kindt@morganstanley.com</a>	H-727-776-3640, O-727-507-5764, C-727-776-3640
Haley Crum Immediate Past Chairperson	Executive Vice President, FrankCrum Staffing	<a href="mailto:HaleyC@frankcrum.com">HaleyC@frankcrum.com</a>	H-727-726-2786, O-727-726-2786, C-727-902-5690
Directors			
Adam Bouchard, AAI	Senior Vice President, Bouchard Insurance, A Marsh & McLenna Agency LLC Co.	<a href="mailto:adambouchard@bouchardinsurance.com">adambouchard@bouchardinsurance.com</a>	H-727-786-3930, O-727-451-3188, C-727-459-8804
Clay M. Biddinger	Chairman, Kenyon Energy, LLC	<a href="mailto:cbiddinger@sintercap.com">cbiddinger@sintercap.com</a>	O-727-789-5701, C-727-482-8888
Eric Ebbert	President, ProVise	<a href="mailto:ebbert@provis.com">ebbert@provis.com</a>	O-727-441-9022
Dick Funk	Retired Business Owner	<a href="mailto:funk@bradleyconstruction.com">funk@bradleyconstruction.com</a>	H-727-588-7678 C-728-641-8770
Wanda Fyfe	Former Police Officer, Clearwater Police Department	<a href="mailto:wwfyfe@live.com">wwfyfe@live.com</a>	H-727-733-6520, C-727-560-4818
Jennifer Garbowicz	Senior Vice President, Private Client Advisor, Bank of America	<a href="mailto:jennifer.garbowicz@bofa.com">jennifer.garbowicz@bofa.com</a>	727-556-2420
Donald Hall	Retired Deputy Chief of Police, Clearwater	<a href="mailto:H1830oaktrail@yahoo.com">H1830oaktrail@yahoo.com</a>	C-727-224-7258
Lanette Kirby	Executive Assistant, Blume Mechanical, LLC	<a href="mailto:lanettekirby@yahoo.com">lanettekirby@yahoo.com</a>	O-727-330-9129, C-727-744-0332
Fred Lenz	Retired Medical Doctor	<a href="mailto:fredlenz@gmail.com">fredlenz@gmail.com</a>	C-727-430-4913
David McAbee	Pastor, Everybody's Tabernacle, Inc.	<a href="mailto:dmcabee@tampabay.rr.com">dmcabee@tampabay.rr.com</a>	H-727-442-1620, O-727-442-9041 x 143, C-727-492-8169

F. Wallace Pope, Jr.	Partner,Johnson Pope Bokor Ruppel & Burns, LLP.	<a href="mailto:wallyP@jpfirm.com">wallyP@jpfirm.com</a>	H- 727-443-4740, O- 461-1818, C- 727-439-6240
Dr. Carrie Shulman, M.D.	Neurosurgeon, Morton Plant Hospital	<a href="mailto:carrieshulman@gmail.com">carrieshulman@gmail.com</a>	H-727-238-3925, O-727-298-6121, C- 808-489-5734
Kyle Shulman	Real Estate	<a href="mailto:Kyleshulman@gmail.com">Kyleshulman@gmail.com</a>	H-727-238-3925, C-808-222-6491
Kate Tiedemann	Retired Business Owner	<a href="mailto:katet346@gmail.com">katet346@gmail.com</a>	C-727-735-1100
Richard Vaughn	Retired VP, Communications, Tampa Bay Rays	<a href="mailto:rvbaseball111@gmail.com">rvbaseball111@gmail.com</a>	H-727-945-9092, C-439-0671

<b>Assigned Committee(s)</b>	<b>County</b>	<b>Spouce Partner</b>
Chairperson-Board of Directors, Building and Grounds, Community on Director's/Governance, Resource, Executive, Quality and Outcome	Pinellas	Carol Beauchamp
Resource	Pinellas	Bob Ramey
Audit/Finance Chair, Resource	Pinellas	
Resource, Quality & Outcome	Pinellas	Shelby Crum
Finance, Quality and Outcome, Resource	Pinellas	Amy Bouchard
Resource	Pinellas	
Finance, Resource	Pinellas	Blythe Ebbert
pending	Pinellas	Joyce Funk
Finance, Resource	Pinellas	
Resource	Pinellas	
Resource	Pinellas	Patrice Hall
Quality and Outcome, Finance, Resource	Pinellas	Scott Kirby
pending	Pinellas	
Resource	Pinellas	Pat McAbee



pending	Pinellas	Christine Fredrick
Resource	Pinellas	Kyle Shulman
Resource	Pinellas	Carrie Shulman
Resource	Pinellas	Ellen Cotton
Resource	Pinellas	

PUBLIC DISCLOSURE COPY

Public Inspection

Form **990**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

# 2021

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>HOMELESS EMERGENCY PROJECT, INC.</b> Doing business as <b>HOMELESS EMPOWERMENT PROGRAM</b>	<b>D</b> Employer identification number <b>59-2729694</b>
<input type="checkbox"/> Address change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1120 N BETTY LN</b>	<b>E</b> Telephone number <b>727-442-9041</b>
<input type="checkbox"/> Name change	City or town, state or province, country, and ZIP or foreign postal code <b>CLEARWATER, FL 33755-3303</b>	<b>G</b> Gross receipts \$ <b>8,051,100.</b>
<input type="checkbox"/> Initial return	<b>F</b> Name and address of principal officer: <b>ASHLEY LOWERY</b> <b>SAME AS C ABOVE</b>	<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Final return/terminated		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Amended return		If "No," attach a list. See instructions
<input type="checkbox"/> Application pending		<b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.HEPEMPOWERS.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1986</b> <b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>OUR GOAL IS TO BE THE LAST SUPPORTIVE HOUSING PROGRAM ANYONE EVER HAS TO ENTER.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>97</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1275</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 5,384,942.	<b>Current Year</b> 6,361,090.
	<b>9</b> Program service revenue (Part VIII, line 2g)	311,869.	348,905.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	114,387.	214,783.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	111,045.	31,549.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,922,243.	6,956,327.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	623,542.	744,212.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,316,489.	3,177,758.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>554,946.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,256,812.	2,369,332.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,196,843.	6,291,302.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-274,600.	665,025.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 22,031,486.	<b>End of Year</b> 23,656,612.
	<b>21</b> Total liabilities (Part X, line 26)	3,948,639.	3,836,223.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	18,082,847.	19,820,389.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>ASHLEY LOWERY, PRESIDENT/CEO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CATHERINE MARY SULLIVAN</b>	Preparer's signature
	Firm's name ▶ <b>RSM US LLP</b>	Date <b>06/28/22</b>
	Firm's address ▶ <b>100 2ND AVENUE S #600 ST. PETERSBURG, FL 33701</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01265964</b>
		Firm's EIN ▶ <b>42-0714325</b>
		Phone no. <b>727-821-6161</b>

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

Part III 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: HEP'S MISSION IS TO PROVIDE HOMELESS AND LOW-INCOME INDIVIDUALS AND FAMILIES, INCLUDING VETERANS, WITH HOUSING, FOOD, CLOTHING AND SUPPORT SERVICES NECESSARY TO OBTAIN SELF-SUFFICIENCY AND IMPROVED QUALITY OF LIFE.

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? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 3,428,488. including grants of \$ 179,171. ) (Revenue \$ 366,261. ) HOUSING PROGRAMS - AS PART OF PINELLAS COUNTY'S COORDINATED ENTRY PROCESS, HEP PROVIDES FRONT-DOOR TRIAGE TO HOMELESS INDIVIDUALS AND FAMILIES, INCLUDING VETERANS IN THE FORM OF OUTREACH AND EMERGENCY SHELTER, BOTH OF WHICH ARE CRITICAL TO THE LOCAL CRISIS RESPONSE SYSTEM. HEP ALSO OPERATES OVER 200 UNITS OF TRANSITIONAL AND PERMANENT SUPPORTIVE HOUSING FOR THOSE WHO NEED EXTENDED CARE. HEP'S HOUSING PROGRAMS EMPLOY THE RAPID RE-HOUSING APPROACH AND SEEK TO REDUCE THE LENGTH OF TIME IT TAKES TO MOVE PEOPLE IN TO PERMANENT HOUSING.

4b (Code: ) (Expenses \$ 1,180,561. including grants of \$ 350,509. ) (Revenue \$ 27,947. ) CLIENT COUNSELING, AKA CASE MANAGEMENT, IS CLIENT-CENTERED AND INVOLVES INTERDISCIPLINARY CASE CONFERENCING TO EMPOWER CLIENTS TO ACHIEVE GOALS IDENTIFIED IN THEIR INDIVIDUAL TREATMENT PLANS. HEP'S COMPREHENSIVE SUPPORT SERVICES ARE TAILORED TO THE ACHIEVEMENT OF RESIDENTIAL STABILITY, INCREASED SKILLS AND INCOME, AND GREATER SELF-DETERMINATION. THIS INCLUDES ON-SITE MEDICAL, MENTAL HEALTH, SUBSTANCE ABUSE, DENTAL, WELLNESS, EMPLOYMENT, BENEFITS ASSISTANCE, MEAL SERVICES, AND TRANSPORTATION SERVICES.

(CONTINUED ON SCHEDULE O)

4c (Code: ) (Expenses \$ 416,052. including grants of \$ 214,532. ) (Revenue \$ ) THRIFT STORE - ONSITE STORE PROVIDES CLOTHING AND HOUSEHOLD ITEMS TO CLIENTS AS WELL AS FURNISHINGS FOR OFF-SITE HOUSING. ALL PROCEEDS ARE INVESTED IN TO THE OPERATIONS OF THE ORGANIZATION.

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

4e Total program service expenses 5,025,101.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 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 "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d 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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part 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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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>1a</b> 18		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 18		
<b>2</b>	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?	X	
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 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) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     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, and financial 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 **KATHLEEN PROSSICK, DIRECTOR OF FINANCE - 727-442-9041**  
**1120 N BETTY LN, CLEARWATER, FL 33755-3303**



**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, 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ASHLEY LOWERY PRESIDENT/CEO	40.00			X				154,922.	0.	15,157.
(2) KATHLEEN PROSSICK DIRECTOR OF FINANCE	40.00			X				97,199.	0.	12,417.
(3) HALEY CRUM CHAIRMAN	8.00	X		X				0.	0.	0.
(4) MIKE KINDT TREASURER/SECRETARY	8.00	X		X				0.	0.	0.
(5) DAVID MCABEE BOARD MEMBER	1.00	X						0.	0.	0.
(6) PHIL BEAUCHAMP BOARD MEMBER	8.00	X		X				0.	0.	0.
(7) CLAY BIDDINGER BOARD MEMBER	1.00	X						0.	0.	0.
(8) WANDA FYFE BOARD MEMBER	1.00	X						0.	0.	0.
(9) BILL GOEDE BOARD MEMBER--UNTIL 4.20.2021	1.00	X						0.	0.	0.
(10) DR. PATRICK LEPEAK BOARD MEMBER	1.00	X						0.	0.	0.
(11) ANTHONY HOLLOWAY BOARD MEMBER--UNTIL 5.20.2021	1.00	X						0.	0.	0.
(12) RICK VAUGHN BOARD MEMBER	1.00	X						0.	0.	0.
(13) WILLIAM COSGRAY, JR BOARD MEMBER--UNTIL 8.13.2021	1.00	X						0.	0.	0.
(14) KATE TIEDEMANN BOARD MEMBER	1.00	X						0.	0.	0.
(15) LANETTE KIRBY BOARD MEMBER	1.00	X						0.	0.	0.
(16) KYLE SHULMAN BOARD MEMBER	1.00	X						0.	0.	0.
(17) DONALD HALL BOARD MEMBER	1.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ADAM BOUCHARD BOARD MEMBER	1.00	X						0.	0.	0.
(19) NANCY CROY BOARD MEMBER	1.00	X						0.	0.	0.
(20) FRANK HIBBARD BOARD MEMBER	1.00	X						0.	0.	0.
(21) F. WALLACE POPE, JR. BOARD MEMBER	1.00	X						0.	0.	0.
(22) CARRIE SHULMAN BOARD MEMBER	1.00	X						0.	0.	0.
(23) ERIC EBBERT BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								252,121.	0.	27,574.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								252,121.	0.	27,574.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ACCURATE CONSTRUCTION CORP. 1942 OAKRIDGE CT, CLEARWATER, FL 33759	RENOVATION	274,752.
PERC, 12810 US HIGHWAY 19 NORTH, CLEARWATER, FL 33764	COUNSELING	115,170.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **2**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	121,301.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	2,938,529.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,301,260.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 638,979.				
	<b>h Total.</b> Add lines 1a-1f			6,361,090.			
Program Service Revenue	<b>2 a</b> CLIENT FEES	Business Code	624200	343,199.	343,199.		
	<b>b</b> LUNCH TICKETS	Business Code	624200	5,706.	5,706.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			348,905.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			146,330.		146,330.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	1,110,612.	25,000.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	1,067,159.	0.			
	<b>c</b> Gain or (loss)	<b>7c</b>	43,453.	25,000.			
<b>d</b> Net gain or (loss)			68,453.		68,453.		
<b>8 a</b> Gross income from fundraising events (not including \$ 121,301. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>			13,860.			
<b>b</b> Less: direct expenses	<b>8b</b>			27,614.			
<b>c</b> Net income or (loss) from fundraising events			-13,754.		-13,754.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> MISCELLANEOUS	Business Code	900099	45,303.	45,303.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			45,303.			
<b>12 Total revenue.</b> See instructions			6,956,327.	394,208.	0.	201,029.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	8,000.	8,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	736,212.	736,212.		
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 .....	279,695.	76,536.	186,151.	17,008.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	2,392,492.	1,822,102.	236,213.	334,177.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	32,298.	22,544.	5,340.	4,414.
9 Other employee benefits .....	231,338.	185,531.	25,161.	20,646.
10 Payroll taxes .....	241,935.	177,940.	33,895.	30,100.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	32,866.	9,245.	23,621.	
c Accounting .....	41,500.	33,968.	4,511.	3,021.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	50,930.		50,930.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	9,192.	7,524.	999.	669.
12 Advertising and promotion .....	51,319.	5,455.	845.	45,019.
13 Office expenses .....	131,310.	77,916.	15,683.	37,711.
14 Information technology .....	71,611.	36,982.	4,010.	30,619.
15 Royalties .....				
16 Occupancy .....	651,685.	632,680.	10,506.	8,499.
17 Travel .....	73,892.	72,907.	684.	301.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....				
20 Interest .....	527.	527.		
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	669,003.	571,736.	96,747.	520.
23 Insurance .....	57,663.	47,197.	6,268.	4,198.
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 O.)				
a <b>CLIENT SERVICES</b>	432,786.	415,513.	3,927.	13,346.
b <b>PERSONNEL EXPENSES</b>	53,927.	45,564.	4,401.	3,962.
c <b>FOOD</b>	40,471.	38,372.	1,363.	736.
d <b>JOB TRAINING</b>	650.	650.		
e All other expenses .....				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>6,291,302.</b>	<b>5,025,101.</b>	<b>711,255.</b>	<b>554,946.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,184,126.	<b>1</b>	1,229,708.
	<b>2</b> Savings and temporary cash investments .....	700,857.	<b>2</b>	1,104,122.
	<b>3</b> Pledges and grants receivable, net .....	194,973.	<b>3</b>	210,611.
	<b>4</b> Accounts receivable, net .....	151,362.	<b>4</b>	235,707.
	<b>5</b> Loans and other receivables from 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	89,603.	<b>9</b>	119,023.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 18,186,699.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 8,974,706.	9,493,446.	<b>10c</b> 9,211,993.
	<b>11</b> Investments - publicly traded securities .....	7,302,639.	<b>11</b>	9,312,383.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,914,480.	<b>15</b>	2,233,065.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	22,031,486.	<b>16</b>	23,656,612.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	181,369.	<b>17</b>	230,316.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	20,221.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	3,746,159.	<b>23</b>	3,605,017.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	890.	<b>25</b>	890.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,948,639.	<b>26</b>	3,836,223.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	14,709,403.	<b>27</b>	17,016,981.
	<b>28</b> Net assets with donor restrictions .....	3,373,444.	<b>28</b>	2,803,408.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	18,082,847.	<b>32</b>	19,820,389.
<b>33</b> Total liabilities and net assets/fund balances .....	22,031,486.	<b>33</b>	23,656,612.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,956,327.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,291,302.
3	Revenue less expenses. Subtract line 2 from line 1	3	665,025.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,082,847.
5	Net unrealized gains (losses) on investments	5	1,080,875.
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	-8,358.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	19,820,389.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  Yes  No  
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?  Yes  No  
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  Consolidated basis  Both consolidated and separate basis
- c 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?  Yes  No  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  Yes  No
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits  Yes  No

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization HOMELESS EMERGENCY PROJECT, INC. Employer identification number 59-2729694

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
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).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

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

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support.

Total

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5744616.	5385646.	6084901.	5384942.	6361090.	28961195.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	5744616.	5385646.	6084901.	5384942.	6361090.	28961195.
<b>5</b> 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) .....						2313203.
<b>6 Public support.</b> Subtract line 5 from line 4.						26647992.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	5744616.	5385646.	6084901.	5384942.	6361090.	28961195.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	103,813.	124,413.	156,572.	136,634.	146,330.	667,762.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	74,468.	85,482.	93,148.	141,208.	59,163.	453,469.
<b>11 Total support.</b> Add lines 7 through 10						30082426.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,715,512.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	88.58	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	88.73	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>



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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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? <i>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.</i>			
<b>b</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? <i>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.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

**Part VI**

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

Public Inspection

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**HOMELESS EMERGENCY PROJECT, INC.**

Employer identification number

**59-2729694**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** 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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**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**

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.

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 ..... ▶ \$ \_\_\_\_\_

**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).

Name of organization  <b>HOMELESS EMERGENCY PROJECT, INC.</b>	Employer identification number  <b>59-2729694</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>166,382.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>209,741.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>261,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>155,274.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>151,458.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>165,075.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>HOMELESS EMERGENCY PROJECT, INC.</b>	Employer identification number  <b>59-2729694</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 192,180.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 200,785.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 705,222.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 208,412.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 291,202.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 128,807.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>HOMELESS EMERGENCY PROJECT, INC.</b>	Employer identification number  <b>59-2729694</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/> <hr/>	\$ <u>608,725.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>HOMELESS EMERGENCY PROJECT, INC.</b>	Employer identification number  <b>59-2729694</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD _____ _____ _____	\$ 166,382.	_____
12	FOOD _____ _____ _____	\$ 128,807.	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization <b>HOMELESS EMERGENCY PROJECT, INC.</b>	Employer identification number <b>59-2729694</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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. Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization HOMELESS EMERGENCY PROJECT, INC. Employer identification number 59-2729694

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts for revenue and assets.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 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 or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,815,433.	5,335,348.	4,373,980.	4,670,703.	4,327,424.
b Contributions					10,094.
c Net investment earnings, gains, and losses	1,057,898.	516,136.	1,009,677.	-248,692.	637,987.
d Grants or scholarships					
e Other expenditures for facilities and programs				48,031.	260,092.
f Administrative expenses	42,994.	36,051.	48,309.		44,710.
g End of year balance	6,830,337.	5,815,433.	5,335,348.	4,373,980.	4,670,703.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  95.4275 %
  - b Permanent endowment  4.5725 %
  - c Term endowment  .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		685,610.		685,610.
b Buildings		15,938,968.	7,581,287.	8,357,681.
c Leasehold improvements				
d Equipment		451,245.	353,833.	97,412.
e Other		1,110,876.	1,039,586.	71,290.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				9,211,993.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS	14,072.
(2) SPLIT INTEREST AGREEMENT & BENEFICIAL INTEREST	1,195,764.
(3) UNCONDITIONAL PROMISES TO GIVE	59,337.
(4) ESTATE RECEIVABLES	963,892.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,233,065.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSITS	890.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	890.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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 ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	8,958,364.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	1,080,875.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	852,382.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	200,348.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		2,133,605.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	6,824,759.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	50,930.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	80,638.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		131,568.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	6,956,327.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	7,220,822.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	852,382.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	128,068.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		980,450.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	6,240,372.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	50,930.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		50,930.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	6,291,302.

**Part XIII Supplemental Information.**

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 V, LINE 4:**

THE ORGANIZATION'S ENDOWMENTS INCLUDE BOTH DONOR RESTRICTED AND BOARD DESIGNATED FUNDS.

THE DONOR RESTRICTED ENDOWMENT FUND WAS ESTABLISHED IN 2006 WITH A DONOR RESTRICTED CONTRIBUTION OF \$200,000. ACCORDING TO THE AGREEMENT, THE \$200,000 CORPUS IS NOT SUBJECT TO WITHDRAWAL.

THE BOARD DESIGNATED ENDOWMENT FUND WAS ESTABLISHED BY THE BOARD OF DIRECTORS TO BENEFIT THE ORGANIZATION BY PROVIDING REGULAR, PREDICTABLE OPERATING INCOME THAT WILL HELP FILL GAPS CAUSED BY INCREASING COSTS, DEMANDS, AND THE POSSIBILITY OF DIMINISHING GOVERNMENT SUPPORT. MANAGEMENT



**Part XIII** Supplemental Information (continued)

EXPECTS THAT THE PRINCIPAL AND EARNINGS ARE AVAILABLE TO PROVIDE SUPPORT FOR THE ORGANIZATION'S PROGRAMS AND FACILITIES.

## PART X, LINE 2:

THE ORGANIZATION IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. INCOME EARNED IN FURTHERANCE OF THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES. AS SUCH, NO PROVISION FOR INCOME TAX EXPENSE HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE ORGANIZATION HAS ADOPTED THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT ASSESSED WHETHER THERE WERE ANY UNCERTAIN TAX POSITIONS WHICH MAY GIVE RISK TO INCOME TAX LIABILITIES AND DETERMINED THAT THERE WERE NO SUCH MATTERS REQUIRING RECOGNITION IN THE ACCOMPANYING FINANCIAL STATEMENTS. GENERALLY, THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL OR STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR THE YEARS BEFORE DECEMBER 31, 2018.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE - PERPETUAL TRUST	72,280.
ERTC REFUND - NET AGAINST SALARIES	128,068.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	200,348.

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

CHANGE IN VALUE OF ESTATE RECEIVABLES	80,638.
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## PART XII, LINE 2D - OTHER ADJUSTMENTS:

**Part XIII** Supplemental Information *(continued)*

ERTC REFUND - NET AGAINST SALARIES 128,068.

Public Inspection

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public  
Inspection

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

Name of the organization <b>HOMELESS EMERGENCY PROJECT, INC.</b>	Employer identification number <b>59-2729694</b>
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**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |   |   |
|---|---|
| <p><b>a</b> <input type="checkbox"/> Mail solicitations</p> <p><b>b</b> <input type="checkbox"/> Internet and email solicitations</p> <p><b>c</b> <input type="checkbox"/> Phone solicitations</p> <p><b>d</b> <input type="checkbox"/> In-person solicitations</p> | <p><b>e</b> <input type="checkbox"/> Solicitation of non-government grants</p> <p><b>f</b> <input type="checkbox"/> Solicitation of government grants</p> <p><b>g</b> <input type="checkbox"/> Special fundraising events</p> |
|---|---|

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	135,161.		135,161.
	2	Less: Contributions	121,301.		121,301.
	3	Gross income (line 1 minus line 2)	13,860.		13,860.
Direct Expenses	4	Cash prizes	265.		265.
	5	Noncash prizes	2,150.		2,150.
	6	Rent/facility costs	16,060.		16,060.
	7	Food and beverages	7,592.		7,592.
	8	Entertainment			
	9	Other direct expenses	1,547.		1,547.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			27,614.
11	Net income summary. Subtract line 10 from line 3, column (d)			-13,754.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **HOMELESS EMERGENCY PROJECT, INC.** Employer identification number **59-2729694**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2021

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RENT ASSISTANCE	18	137,937.	0.	CASH	
THRIFT SHOP	134	0.	214,532.	FMV	CLOTHING
FOOD	47772	0.	342,509.	COST	MEALS
COVID RENT ASSISTANCE	17	41,234.	0.	CASH	

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PROVISION OF GRANTS TO INDIVIDUALS IS A PART OF EACH PROGRAM SERVICE OF THE ORGANIZATION. CLIENTS MEET SPECIFIC CRITERIA BASED ON THE PROGRAM IN WHICH THEY ARE ENROLLED. THE ORGANIZATION MAINTAINS RECORDS OF ALL GRANTS PAID.

PART I, LINE 2

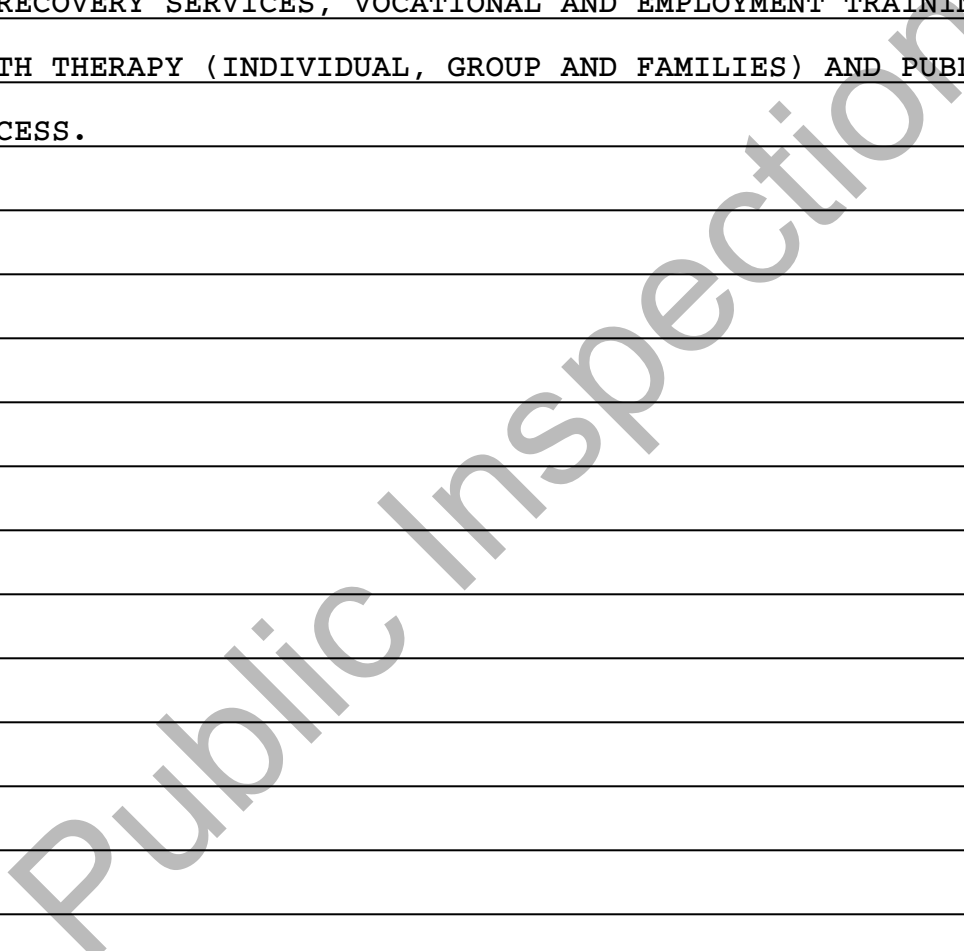
CLIENTS QUALIFYING FOR THE PROGRAMS DESCRIBED BELOW USE THE GRANT FUNDS. (CHAP) COMMUNITY HOUSING ASSISTANCE PROGRAM IS AVAILABLE TO ASSIST ELIGIBLE APPLICANTS AVOID POTENTIAL HOMELESSNESS BY ELIMINATING



**Part IV** Supplemental Information

RENTAL PAYMENTS IN ARREARS, PROVIDING ONE-ON-ONE HOUSING COUNSELING TO ENSURE STABILITY OF THEIR NEW HOUSING SITUATION AND BY PROVIDING MOVE-IN COSTS IN INSTANCES OF HOMELESSNESS.

COUNSELING - SERVICES INCLUDE SUBSTANCE ABUSE CARE AND ALCOHOL TREATMENT, RECOVERY SERVICES, VOCATIONAL AND EMPLOYMENT TRAINING, MENTAL HEALTH THERAPY (INDIVIDUAL, GROUP AND FAMILIES) AND PUBLIC BENEFITS ACCESS.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **HOMELESS EMERGENCY PROJECT, INC.**  
 Employer identification number: **59-2729694**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate 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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**  Yes  No
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**  Yes  No
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**  Yes  No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**  Yes  No
- b** Any related organization? **5b**  Yes  No
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**  Yes  No
- b** Any related organization? **6b**  Yes  No
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**  Yes  No

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**  Yes  No

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**  Yes  No

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2021

**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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ASHLEY LOWERY PRESIDENT/CEO	(i)	154,922.	0.	0.	5,815.	9,342.	170,079.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: **HOMELESS EMERGENCY PROJECT, INC.** Employer identification number: **59-2729694**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X		0.	
2 Art - Historical treasures	X		0.	
3 Art - Fractional interests	X		0.	
4 Books and publications				
5 Clothing and household goods	X		214,532.	FMV
6 Cars and other vehicles	X	1	4,000.	1098-C
7 Boats and planes	X		0.	
8 Intellectual property	X		0.	
9 Securities - Publicly traded	X	518	70,260.	FMV
10 Securities - Closely held stock	X		0.	
11 Securities - Partnership, LLC, or trust interests	X		0.	
12 Securities - Miscellaneous	X		0.	
13 Qualified conservation contribution - Historic structures	X		0.	
14 Qualified conservation contribution - Other	X		0.	
15 Real estate - Residential	X		0.	
16 Real estate - Commercial	X		0.	
17 Real estate - Other	X		0.	
18 Collectibles	X		0.	
19 Food inventory	X		342,509.	FMV
20 Drugs and medical supplies	X		0.	
21 Taxidermy	X		0.	
22 Historical artifacts	X		0.	
23 Scientific specimens	X		0.	
24 Archeological artifacts	X		0.	
25 Other ▶ ( GIFT CARDS )	X	1	4,585.	FMV
26 Other ▶ ( GARDEN SUPPLI )	X	1	4,193.	FMV
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **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 NUMBER OF CONTRIBUTIONS FOR GARDEN SUPPLIES IS THE TOTAL WEIGHT (IN POUNDS) CONTRIBUTED TO THE ORGANIZATIONS.

Public Inspection

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

HOMELESS EMERGENCY PROJECT, INC.

Employer identification number

59-2729694

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

(CONTINUED FROM FORM 990, PART III, LINE 4B) SUPPORTIVE SERVICES ARE PROVIDED AT EVERY STEP WITHIN OUR CONTINUUM OF CARE. MEDICAL LPN TRIAGE AND PSYCHIATRIC ARNP SERVICES CENTER ON CRISIS INTERVENTION AND STABILIZATION, WHILE REDUCING EMERGENCY ROOM VISITS AND HOSPITALIZATIONS. EVIDENCE-BASED MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT MODALITIES ARE PROVIDED ONE-ON-ONE AND IN GROUP SETTINGS.

THE DENTAL AND WELLNESS CLINIC PROVIDES COMPREHENSIVE DENTAL CARE AND A WIDE ARRAY OF WELLNESS PROGRAMMING INCLUDING WELLNESS NAVIGATION, CHRONIC DISEASE SELF-MANAGEMENT AND CHRONIC PAIN SELF-MANAGEMENT, NUTRITIONAL EDUCATION, CANINE-ASSISTED THERAPY AND A WELLNESS GARDEN.

HEP'S WORKFORCE DEVELOPMENT PROGRAM, PROVIDES EMPLOYMENT SERVICES ADDRESSING THE ISSUES OF UNEMPLOYMENT, UNDEREMPLOYMENT AND FINANCIAL STABILITY AMONG HOMELESS AND AT RISK INDIVIDUALS AND FAMILIES. HEP RESIDENTS HAVE ACCESS TO ALL SUPPORT OFFERED IN HEP'S NORTH GREENWOOD ADULT EDUCATION AND WORKFORCE DEVELOPMENT CENTER TO FURTHER EMPLOYMENT AND EDUCATIONAL OPPORTUNITIES FREE OF CHARGE. THE VETERANS CLUB HOUSE OFFERS ENHANCED FITNESS AND REGULAR ACTIVITIES TO HELP INTEGRATE VETERANS BACK INTO THE COMMUNITY.

THREE BALANCED MEALS ARE OFFERED DAILY, AS ARE NUTRITIOUS SNACKS, AS PART OF OUR MEAL SERVICES PROGRAM. FIXED-ROUTE AND SINGLE-PASSENGER TRANSPORTATION SERVICES ARE AN EFFECTIVE MEANS TO REMOVE BARRIERS TO ACCESSING COMMUNITY SERVICES.

Name of the organization HOMELESS EMERGENCY PROJECT, INC.	Employer identification number 59-2729694
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INTERDISCIPLINARY COLLABORATION WITH COMMUNITY PARTNERS IS CENTRAL TO HEP'S APPROACH, WHILE SYSTEMIZED PROGRAM EVALUATION AND TOTAL QUALITY IMPROVEMENT ENSURE WE ARE TRANSPARENT IN OUR ACTIONS AND ACCOUNTABLE TO OUR STAKEHOLDERS. THIS PHILOSOPHY HELPS HEP ACHIEVE SUCCESSFUL HOUSING AND PROGRAM OUTCOMES SUCH AS: 100% OF FAMILIES EXITING TO PERMANENT HOUSING, 47% OF INDIVIDUALS EXITING TO PERMANENT HOUSING, AND 84% OF VETERANS WHO DID NOT RETURN TO HOMELESSNESS IN 2021.

IN 2021, HEP'S DINING HALL SERVED OVER 74,627 NUTRITIOUS MEALS TO THE MEN, WOMEN AND CHILDREN RESIDING ON OUR 8-ACRE CAMPUS. IN ADDITION, HEP PROVIDED SAFE SHELTER AND SUPPORT SERVICES FOR 341 INDIVIDUALS, INCLUDING 28 FAMILIES, 70 CHILDREN, AND 211 VETERANS - 23 OF WHOM SERVED IN OPERATION IRAQI FREEDOM AND 17 OF WHOM SERVED IN OPERATION ENDURING FREEDOM.

IN 2021 ALONE, THE HEP DENTAL & WELLNESS CLINIC PROVIDED \$120,203 WORTH OF NECESSARY DENTAL CARE TO THOSE IN NEED AS WELL AS VARIOUS WELLNESS SERVICES PROVIDED BY THE CLINIC. IN ADDITION, OUR ON-SITE MEDICAL CARE, IN PARTNERSHIP WITH THE MORTON PLANT MEASE OUTREACH TEAM, RESULTED IN A \$3,799,665 SAVINGS TO THE COMMUNITY IN AVOIDED CALLS TO 911 AND EMERGENCY ROOM VISITS.

NONE OF THIS WOULD BE POSSIBLE WITHOUT OUR VALUED NETWORK OF COMMUNITY VOLUNTEERS WHICH INCLUDED 1,275 INDIVIDUALS REPRESENTING A SAVINGS OF \$691,580 TO HEP.

FORM 990, PART VI, SECTION A, LINE 2:



Name of the organization

HOMELESS EMERGENCY PROJECT, INC.

Employer identification number

59-2729694

BOARD MEMBERS KYLE SHULMAN AND CARRIE SHULMAN HAVE A FAMILY RELATIONSHIP.

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

THE DRAFT OF THE 990 IS REVIEWED AND APPROVED BY THE AUDIT COMMITTEE. IT IS THEN FORWARDED TO THE BOARD OF DIRECTORS TO BE REVIEWED PRIOR TO BEING FILED WITH THE IRS.

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

HOMELESS EMPOWERMENT PROGRAM REVIEWS THE CONFLICT OF INTEREST POLICY PERIODICALLY WITH THE BOARD AND EACH BOARD MEMBER IS ASKED TO REPORT ANY AND ALL INSTANCES WHERE A CONFLICT OF INTEREST MAY OCCUR OR REPORT THERE ARE NONE.

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

COMPENSATION PROCESS FOR THE TOP OFFICIAL

THE PROCESS INCLUDES REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS OR COMPENSATION COMMITTEE. THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED USING DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT.

COMPENSATION PROCESS FOR OFFICERS

THE PROCESS INCLUDES REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS OR COMPENSATION COMMITTEE. THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED USING DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED

Name of the organization <b>HOMELESS EMERGENCY PROJECT, INC.</b>	Employer identification number <b>59-2729694</b>
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ORGANIZATIONS. THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION PROVIDES BYLAWS, ARTICLES OF INCORPORATION, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH UNDER IRC SECTION 6104(D).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE - PERPETUAL TRUST	72,280.
CHANGE IN VALUE - ESTATE RECEIVABLES	-80,638.
TOTAL TO FORM 990, PART XI, LINE 9	-8,358.

FORM 990, PART XII, LINE 2C:

THE HOMELESS EMPOWERMENT PROGRAM DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

# **Homeless Empowerment Program**

Financial Report and Compliance Report  
December 31, 2021

## Contents

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Independent auditor's report	1-3
<hr/>	
Financial statements	
Statements of financial position	4-5
Statements of activities and changes in net assets	6-7
Statements of functional expenses	8-9
Statements of cash flows	10
Notes to financial statements	11-29
Supplementary information	
Schedule of expenditures of federal awards	30
Notes to schedule of expenditures of federal awards	31
<hr/>	
Internal auditor's report on:	
Internal control over financial reporting and on compliance and other matters based on an audit of financial statements performed in accordance with <i>Government Auditing Standards</i>	32-33
Compliance for each major federal program and on internal control over compliance required by the Uniform Guidance	34-36
<hr/>	
Schedule of findings and questioned costs	37
Summary schedule of prior audit findings	38
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RSM US LLP

## Independent Auditor's Report

Board of Directors  
Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program

### Opinion

We have audited the financial statements of Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program (the Organization), which comprise the statements of financial position as of December 31, 2021 and 2020, the related statements of activities and changes in net assets, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Organization as of December 31, 2021 and 2020, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to the financial audits contained in *Government Auditing Standards* issued by the Comptroller of the United States (*Government Auditing Standards*). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern within one year after the date that the financial statements are issued (or within one year after the date that the financial statements are available to be issued when applicable).

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings and certain internal control-related matters that we identified during the audit.

### **Supplementary Information**

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

**Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated May 18, 2022, on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

*RSM US LLP*

St. Petersburg, Florida  
May 18, 2022

Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program

Statement of Financial Position  
December 31, 2021  
(With Comparative Totals for 2020)

	2021			2020 Total
	Without Donor Restrictions	With Donor Restrictions	Total	
<b>Assets</b>				
Current assets:				
Cash and cash equivalents	\$ 2,002,396	\$ 331,434	\$ 2,333,830	\$ 1,884,983
Grants receivable	210,611	-	210,611	194,973
Accounts receivable—other	235,707	-	235,707	151,362
Prepaid expenses	119,023	-	119,023	89,603
Investments	2,482,046	-	2,482,046	1,487,188
Unconditional promises to give	59,337	-	59,337	29,040
Estate receivables	-	963,892	963,892	1,679,041
Other assets	14,072	-	14,072	7,145
<b>Total current assets</b>	<b>5,123,192</b>	<b>1,295,326</b>	<b>6,418,518</b>	<b>5,523,335</b>
Noncurrent assets:				
Property and equipment, net	9,211,993	-	9,211,993	9,493,446
Investments	6,518,019	312,318	6,830,337	5,815,451
Beneficial interest in trusts	-	1,195,764	1,195,764	1,199,254
<b>Total noncurrent assets</b>	<b>15,730,012</b>	<b>1,508,082</b>	<b>17,238,094</b>	<b>16,508,151</b>
<b>Total assets</b>	<b>\$ 20,853,204</b>	<b>\$ 2,803,408</b>	<b>\$ 23,656,612</b>	<b>\$ 22,031,486</b>
<b>Liabilities and Net Assets</b>				
Current liabilities:				
Accounts payable and accrued liabilities	\$ 98,940	\$ -	\$ 98,940	\$ 77,503
Accrued payroll	131,376	-	131,376	103,866
Security deposits	890	-	890	890
Deferred revenue	-	-	-	20,221
Mortgages payable, current portion, net of mortgage costs	-	-	-	141,141
<b>Total current liabilities</b>	<b>231,206</b>	<b>-</b>	<b>231,206</b>	<b>343,621</b>
Mortgages payable, net of mortgage costs	3,605,017	-	3,605,017	3,605,018
<b>Total liabilities</b>	<b>3,836,223</b>	<b>-</b>	<b>3,836,223</b>	<b>3,948,639</b>
Net assets:				
Without donor restrictions	10,498,962	-	10,498,962	9,159,864
Without donor restrictions—board designated	6,518,019	-	6,518,019	5,549,539
<b>Total without donor restrictions</b>	<b>17,016,981</b>	<b>-</b>	<b>17,016,981</b>	<b>14,709,403</b>
With donor restrictions	-	2,803,408	2,803,408	3,373,444
<b>Total net assets</b>	<b>17,016,981</b>	<b>2,803,408</b>	<b>19,820,389</b>	<b>18,082,847</b>
<b>Total liabilities and net assets</b>	<b>\$ 20,853,204</b>	<b>\$ 2,803,408</b>	<b>\$ 23,656,612</b>	<b>\$ 22,031,486</b>

See notes to financial statements.



## Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program

### Statement of Financial Position December 31, 2020

	Without Donor Restrictions	With Donor Restrictions	Total
<b>Assets</b>			
Current assets:			
Cash and cash equivalents	\$ 1,675,525	\$ 209,458	\$ 1,884,983
Grants receivable	154,973	40,000	194,973
Accounts receivable—other	151,362	-	151,362
Prepaid expenses	89,603	-	89,603
Investments	1,487,188	-	1,487,188
Unconditional promises to give	29,040	-	29,040
Estate receivables	-	1,679,041	1,679,041
Other assets	7,145	-	7,145
<b>Total current assets</b>	<b>3,594,836</b>	<b>1,928,499</b>	<b>5,523,335</b>
Noncurrent assets:			
Property and equipment, net	9,493,446	-	9,493,446
Investments	5,549,539	265,912	5,815,451
Beneficial interest in trusts	-	1,199,254	1,199,254
<b>Total noncurrent assets</b>	<b>15,042,985</b>	<b>1,465,166</b>	<b>16,508,151</b>
<b>Total assets</b>	<b>\$ 18,637,821</b>	<b>\$ 3,393,665</b>	<b>\$ 22,031,486</b>
<b>Liabilities and Net Assets</b>			
Current liabilities:			
Accounts payable and accrued liabilities	\$ 77,503	\$ -	\$ 77,503
Accrued payroll	103,866	-	103,866
Security deposits	890	-	890
Deferred revenue	-	20,221	20,221
Mortgages payable, current portion, net of mortgage costs	141,141	-	141,141
<b>Total current liabilities</b>	<b>323,400</b>	<b>20,221</b>	<b>343,621</b>
Mortgages payable, net of mortgage costs	3,605,018	-	3,605,018
<b>Total liabilities</b>	<b>3,928,418</b>	<b>20,221</b>	<b>3,948,639</b>
Net assets:			
Without donor restrictions	9,159,864	-	9,159,864
Without donor restrictions—board designated	5,549,539	-	5,549,539
<b>Total without donor restrictions</b>	<b>14,709,403</b>	<b>-</b>	<b>14,709,403</b>
With donor restrictions	-	3,373,444	3,373,444
<b>Total net assets</b>	<b>14,709,403</b>	<b>3,373,444</b>	<b>18,082,847</b>
<b>Total liabilities and net assets</b>	<b>\$ 18,637,821</b>	<b>\$ 3,393,665</b>	<b>\$ 22,031,486</b>

See notes to financial statements.

Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program

Statement of Activities and Changes in Net Assets  
 Year Ended December 31, 2021  
 (With Comparative Totals for 2020)

	2021			2020 Total
	Without Donor Restrictions	With Donor Restrictions	Total	
Public support and revenue:				
Contributions	\$ 1,229,682	\$ 63,381	\$ 1,293,063	\$ 1,093,454
Estates and trusts	38,431	-	38,431	-
In-kind contributions	1,421,101	-	1,421,101	1,321,160
Grants	2,904,508	240,664	3,145,172	2,449,578
Client fees	343,199	-	343,199	308,042
Special events revenue, net	107,812	-	107,812	92,961
Thrift store sales	442,785	-	442,785	321,989
Other	955,431	-	955,431	767,075
Change in value of estate receivables	-	(80,638)	(80,638)	161,051
Change in value of beneficial interest in trusts	-	72,280	72,280	108,459
Net assets released from restriction	912,129	(912,129)	-	-
<b>Total public support and revenue</b>	<b>8,355,078</b>	<b>(616,442)</b>	<b>7,738,636</b>	<b>6,623,769</b>
Expenses:				
Program services	5,931,787	-	5,931,787	5,671,890
Management and general	695,206	-	695,206	666,365
Development (fundraising)	593,829	-	593,829	524,819
<b>Total expenses</b>	<b>7,220,822</b>	<b>-</b>	<b>7,220,822</b>	<b>6,863,074</b>
<b>Changes in net assets before investment return, net</b>	<b>1,134,256</b>	<b>(616,442)</b>	<b>517,814</b>	<b>(239,305)</b>
Investment return, net	1,173,322	46,406	1,219,728	599,914
<b>Changes in net assets</b>	<b>2,307,578</b>	<b>(570,036)</b>	<b>1,737,542</b>	<b>360,609</b>
Net assets:				
Beginning	14,709,403	3,373,444	18,082,847	17,722,238
Ending	\$ 17,016,981	\$ 2,803,408	\$ 19,820,389	\$ 18,082,847

See notes to financial statements.

## Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program

### Statement of Activities and Changes in Net Assets Year Ended December 31, 2020

	Without Donor Restrictions	With Donor Restrictions	Total
<b>Public support and revenue:</b>			
Contributions	\$ 1,093,454	\$ -	\$ 1,093,454
Estates and trusts	-	-	-
In-kind contributions	1,321,160	-	1,321,160
Grants	2,227,935	221,643	2,449,578
Client fees	308,042	-	308,042
Special events revenue, net	92,961	-	92,961
Thrift store sales	321,989	-	321,989
Other	767,075	-	767,075
Change in value of estate receivables	-	161,051	161,051
Change in value of beneficial interest in trusts	-	108,459	108,459
Net assets released from restriction	2,078,383	(2,078,383)	-
Reclassifications based on change in donor intent	29,716	(29,716)	-
<b>Total public support and revenue</b>	<b>8,240,715</b>	<b>(1,616,946)</b>	<b>6,623,769</b>
<b>Expenses:</b>			
Program services	5,671,890	-	5,671,890
Management and general	666,365	-	666,365
Development (fundraising)	524,819	-	524,819
<b>Total expenses</b>	<b>6,863,074</b>	<b>-</b>	<b>6,863,074</b>
<b>Changes in net assets before investment return, net</b>	<b>1,377,641</b>	<b>(1,616,946)</b>	<b>(239,305)</b>
Investment return, net	577,961	21,953	599,914
<b>Changes in net assets</b>	<b>1,955,602</b>	<b>(1,594,993)</b>	<b>360,609</b>
<b>Net assets:</b>			
Beginning	12,753,801	4,968,437	17,722,238
Ending	\$ 14,709,403	\$ 3,373,444	\$ 18,082,847

See notes to financial statements.

## Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program

### Statement of Functional Expenses Year Ended December 31, 2021 (With Comparative Totals for 2020)

	2021												2020 Total
	Program Services												
	Housing Programs				Total Housing Programs	Support Services	Thrift Store	Total Program Services	Management and General	Development (Fundraising)	Total		
Outreach	Emergency Shelter	Transitional	Permanent Housing										
Salaries and related expenses:													
Salaries	\$ 115,550	\$ 407,510	\$ 310,791	\$ 318,923	\$ 1,152,774	\$ 597,749	\$ 238,829	\$ 1,989,352	\$ 415,772	\$ 367,557	\$ 2,772,681	\$ 2,817,858	
Payroll taxes and benefits	26,499	88,159	50,580	62,250	227,488	121,555	39,062	388,105	84,160	60,882	533,147	498,632	
Personnel expenses	1,343	14,216	4,971	8,442	28,972	11,789	4,803	45,564	4,401	3,962	53,927	33,431	
<b>Total salaries and related expenses</b>	<b>143,392</b>	<b>509,885</b>	<b>366,342</b>	<b>389,615</b>	<b>1,409,234</b>	<b>731,093</b>	<b>282,694</b>	<b>2,423,021</b>	<b>504,333</b>	<b>432,401</b>	<b>3,359,755</b>	<b>3,349,921</b>	
Client services	5,460	33,301	171,615	81,957	292,333	276,504	7,254	576,091	3,405	9,139	588,635	402,524	
Dental and Wellness Clinic	22,773	72,504	93,709	122,765	311,751	8,794	-	320,545	-	-	320,545	166,625	
Marketing	5	2,960	16	13	2,994	442	2,019	5,455	845	45,019	51,319	27,322	
Food	23,575	80,077	126,032	139,895	369,579	11,204	98	380,881	1,363	736	382,980	444,910	
In-kind lease space	-	41,990	205,968	76,280	324,238	71,324	-	395,562	22,236	20,995	438,793	438,073	
In-kind services	22,749	77,413	101,790	137,596	339,548	-	-	339,548	-	-	339,548	326,295	
Insurance	3,426	12,065	34,364	51,078	100,933	21,827	8,372	131,132	6,904	5,078	143,114	118,409	
Interest	-	-	-	527	527	-	-	527	-	-	527	527	
Learning center activities	-	-	-	-	-	-	-	-	-	-	-	22,250	
Office expenses and supplies	1,704	6,294	5,453	5,950	19,401	16,581	12,127	48,109	10,911	35,119	94,139	96,405	
Professional fees	2,367	8,859	7,432	15,294	33,952	11,751	5,034	50,737	29,131	3,690	83,558	51,402	
Repairs and maintenance	7,316	17,540	63,671	81,119	169,646	39,173	22,947	231,766	7,561	5,709	245,036	237,622	
Technology	1,778	6,868	5,612	4,872	19,130	14,071	3,781	36,982	4,010	30,619	71,611	62,345	
Telephone	641	2,839	8,289	6,568	18,337	9,757	1,712	29,806	4,767	2,593	37,166	36,181	
Utilities	16,249	28,521	79,338	131,530	255,638	32,777	28,565	316,980	2,309	1,910	321,199	328,838	
Transportation expense	4,172	8,364	1,872	9,678	24,086	35,812	13,010	72,908	684	301	73,893	79,751	
Depreciation	13,744	33,579	56,948	354,307	458,578	84,720	28,439	571,737	96,747	520	669,004	673,674	
	<b>\$ 269,351</b>	<b>\$ 943,059</b>	<b>\$ 1,328,451</b>	<b>\$ 1,609,044</b>	<b>\$ 4,149,905</b>	<b>\$ 1,365,830</b>	<b>\$ 416,052</b>	<b>\$ 5,931,787</b>	<b>\$ 695,206</b>	<b>\$ 593,829</b>	<b>\$ 7,220,822</b>	<b>\$ 6,863,074</b>	

See notes to financial statements.

## Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program

### Statement of Functional Expenses Year Ended December 31, 2020

	Program Services										Total
	Housing Programs				Total Housing Programs	Support Services	Thrift Store	Total Program Services	Management and General	Development (Fundraising)	
	Outreach	Emergency Shelter	Transitional	Permanent Housing							
Salaries and related expenses:											
Salaries	\$ 132,753	\$ 464,526	\$ 341,826	\$ 398,764	\$ 1,337,869	\$ 519,607	\$ 227,776	\$ 2,085,252	\$ 407,110	\$ 325,496	\$ 2,817,858
Payroll taxes and benefits	27,434	88,098	50,922	72,403	238,857	91,782	35,900	366,539	77,827	54,266	498,632
Personnel expenses	1,298	4,935	3,478	4,967	14,678	7,704	3,908	26,290	3,906	3,235	33,431
<b>Total salaries and related expenses</b>	<b>161,485</b>	<b>557,559</b>	<b>396,226</b>	<b>476,134</b>	<b>1,591,404</b>	<b>619,093</b>	<b>267,584</b>	<b>2,478,081</b>	<b>488,843</b>	<b>382,997</b>	<b>3,349,921</b>
Client services	12,330	28,726	141,088	94,582	276,726	100,501	7,129	384,356	7,629	10,539	402,524
Dental and Wellness Clinic	11,461	39,934	42,164	66,245	159,804	6,821	-	166,625	-	-	166,625
Marketing	2	2	2	2	8	14	3,363	3,385	424	23,513	27,322
Food	31,229	96,931	134,510	168,956	431,626	12,561	19	444,206	688	16	444,910
In-kind lease space	-	41,990	205,488	76,040	323,518	71,324	-	394,842	22,236	20,995	438,073
In-kind services	24,103	76,932	88,674	136,586	326,295	-	-	326,295	-	-	326,295
Insurance	3,079	11,318	28,718	39,511	82,626	17,077	7,092	106,795	6,764	4,850	118,409
Interest	-	-	-	527	527	-	-	527	-	-	527
Learning center activities	-	-	-	-	-	22,250	-	22,250	-	-	22,250
Office expenses and supplies	2,151	7,952	6,937	7,221	24,261	14,426	10,106	48,793	12,060	35,552	96,405
Professional fees	2,220	8,307	6,970	5,673	23,170	10,861	4,699	38,730	9,227	3,445	51,402
Repairs and maintenance	11,119	24,452	43,617	81,198	160,386	38,200	24,427	223,013	8,518	6,091	237,622
Technology	1,416	5,132	4,167	3,364	14,079	11,464	2,800	28,343	2,640	31,362	62,345
Telephone	1,008	4,150	8,124	6,146	19,428	7,402	2,463	29,293	3,886	3,002	36,181
Utilities	18,360	29,155	78,511	141,930	267,956	31,090	26,232	325,278	2,121	1,439	328,838
Transportation expense	6,121	12,230	2,574	5,997	26,922	38,973	12,892	78,787	33	931	79,751
Depreciation	2,419	16,300	64,019	379,223	461,961	81,740	28,590	572,291	101,296	87	673,674
	<b>\$ 288,503</b>	<b>\$ 961,070</b>	<b>\$ 1,251,789</b>	<b>\$ 1,689,335</b>	<b>\$ 4,190,697</b>	<b>\$ 1,083,797</b>	<b>\$ 397,396</b>	<b>\$ 5,671,890</b>	<b>\$ 666,365</b>	<b>\$ 524,819</b>	<b>\$ 6,863,074</b>

See notes to financial statements.

## Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program

### Statements of Cash Flows Years Ended December 31, 2021 and 2020

	2021	2020
Cash flows from operating activities:		
Changes in net assets	\$ 1,737,542	\$ 360,609
Adjustments to reconcile changes in net assets to net cash provided by operating activities:		
Depreciation	669,004	673,674
Amortization of mortgage costs	527	527
Realized and unrealized gains on investments	(1,107,899)	(599,913)
Donated investments	(70,260)	(40,984)
Distributions from beneficial interest in trusts	75,770	-
Change in value of beneficial interest in trust assets	(72,280)	(108,459)
Distributions from estate receivables	634,511	1,814,082
Change in value of estate receivables	80,638	(161,051)
Forgiveness of mortgages payable	(141,669)	(41,666)
Changes in assets and liabilities:		
(Increase) decrease in:		
Grants receivable	(15,638)	32,144
Accounts receivable—other	(84,345)	(129,473)
Prepaid expenses	(29,420)	15,475
Unconditional promises to give	(30,297)	18,764
Other assets	(6,927)	164
Increase (decrease) in:		
Accounts payable and accrued liabilities	21,437	(159,746)
Accrued payroll	27,510	30,643
Deferred revenue	(20,221)	20,221
<b>Net cash provided by operating activities</b>	<b>1,667,983</b>	<b>1,725,011</b>
Cash flows from investing activities:		
Purchases of investments	(1,942,197)	(557,575)
Proceeds from sale of investments	1,110,612	46,700
Purchases of property and equipment	(387,551)	(275,089)
<b>Net cash used in investing activities</b>	<b>(1,219,136)</b>	<b>(785,964)</b>
Cash flows from financing activities:		
Proceeds from issuance of mortgages payable	-	36,922
<b>Net cash provided by financing activities</b>	<b>-</b>	<b>36,922</b>
<b>Increase in cash and cash equivalents</b>	<b>448,847</b>	<b>975,969</b>
Cash and cash equivalents:		
Beginning	1,884,983	909,014
Ending	\$ 2,333,830	\$ 1,884,983

See notes to financial statements.

## Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program

### Notes to Financial Statements

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#### Note 1. Nature of Activities and Significant Accounting Policies

**Nature of activities:** Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program (the Organization or HEP) is a nonprofit organization founded in 1986 whose mission is to provide homeless and low-income individuals and families with housing, food, clothing and support services necessary to obtain self-sufficiency and improved quality of life. Funds used for operations are received from federal, state, local and private sources.

The Organization provides emergency, transitional and permanent housing for men, women, children and veterans, including those with mental illnesses. The Organization offers a full continuum of shelter care for the entire homeless population and, with its community partners, provides residents access to a wide range of support services.

**Housing programs:** Services provide for outreach, emergency, transitional and permanent housing needs, clothing, food, personal care, life skills, case management and transportation costs of the residents.

#### **Support services:**

**Benefits coordinator:** The HEP Benefits Coordinator assists residents in acquiring needed documents and services on their path to self-sufficiency (i.e., VA benefits, health care insurance, social security, etc.).

**Community garden:** HEP's community garden not only provides fresh, organically grown produce to help our dining hall be self-sustaining; it also provides a learning opportunity, a therapeutic outlet for residents to remain physically active and keeps them productively engaged in the community.

**Community Housing Assistance Program:** Program available to assist eligible applicants avoid potential homelessness by eliminating rental payments in arrears, providing one-on-one housing counseling to ensure stability of their new housing situation and by providing move-in costs in instances of homelessness.

**Counseling:** Services include substance abuse care and alcohol treatment, recovery services, vocational and employment training, mental health therapy (individual, group and families) and public benefits access.

**Dental and Wellness Clinic:** The Dental and Wellness Clinic provides free, quality and comprehensive dental and wellness services to uninsured/underinsured homeless and at-risk individuals residing at HEP and our community partners, regardless of their ability to pay. Services include a full range of dental care and chronic pain and disease self-management workshops, healthcare navigation, nutritional counseling, onsite psychiatric nurse practitioner and canine assisted therapy services provided by HEP staff and volunteer dental and healthcare professionals.

**Food and nutrition:** Onsite kitchen and dining hall provides three meals a day, seven days a week. A contracted licensed nutritionist provides one-on-one consultation to residents to support healthy eating habits and meal planning.

**Medical care:** The Morton Plant Outreach program is provided onsite through a partnership with an outreach team from Morton Plant Hospital and BayCare Health Systems. The services include medical assessments, laboratory services and treatments for nonemergency illnesses or injuries, offered by an onsite staff of licensed practical nurses, nurse practitioners and case managers.

## Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program

### Notes to Financial Statements

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#### Note 1. Nature of Activities and Significant Accounting Policies (Continued)

**Transportation:** Services include individual transports for guests in company (Florida Department of Transportation) vehicles to and from doctors' appointments or other health related appointments, a VA shuttle to and from Bay Pines VA, and a recreational van used to transport veterans to activities in the community.

**Veteran's Clubhouse:** The Veteran's Clubhouse provides a place of camaraderie where vets from all generations can gather together for support. The Clubhouse also employs HEP activity coordinators who organize group outings and volunteer opportunities for our veteran population so they can once again become active participants in the community as civilians.

**Workforce development:** HEP's Workforce Development Program, in partnership with the Pinellas County School Board (PCSB), provides employment services addressing the issues of unemployment, underemployment and financial stability among homeless and at-risk individuals and families. HEP residents have access to all support offered in HEP's North Greenwood Adult Education and Workforce Development Center to further employment and educational opportunities free of charge.

**Thrift store:** Onsite store provides clients with job training, clothes and household items. All store proceeds are invested into the operations of the Organization.

A summary of the Organization's significant accounting policies follows:

**Basis of presentation:** A nonprofit organization is required to report information regarding its financial position and activities according to two classes of net assets: without donor restrictions and with donor restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

**Net assets without donor restrictions:** Contributions and other inflows of assets that are not subject to donor imposed stipulations but may be designated for specific purposes by action of the Board of Directors (Board). Net assets without donor restrictions include expendable funds available to support operations, as well as net assets invested in property and equipment.

**Net assets with donor restrictions:** Contributions and other inflows of assets subject to donor imposed stipulations that may or will be met by actions of the Organization or the passage of time or are permanently maintained by the Organization. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are released to net assets without donor restrictions and reported in the accompanying statements of activities and changes in net assets as net assets released from restriction.

**Use of estimates:** The preparation of financial statements in conformity with general accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

**Cash and cash equivalents:** The Organization considers all highly liquid investments with maturities of three months or less to be cash and cash equivalents. For the purpose of the statements of cash flows, the Organization considers all highly liquid investments designated for long-term purposes to be investments, not cash equivalents.



## Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program

### Notes to Financial Statements

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#### Note 1. Nature of Activities and Significant Accounting Policies (Continued)

**Concentration of credit risk:** The Organization maintains its cash in demand deposit accounts at several financial institutions which, at times, may exceed federally insured limits. The Organization has not experienced any losses in such accounts. The Organization believes it is not exposed to any significant credit risk in regards to cash and cash equivalents.

**Grants receivable:** The Organization records a receivable and grant income at the time grant funds are due from the grantor. Management estimates the allowance for uncollectible grants based on a review of the individual grant receivables outstanding as of the end of the year. As of December 31, 2021 and 2020, the Organization considers all grants receivable to be fully collectible.

**Investments and endowment:** Investments are carried at fair value. The fair value of publicly traded securities is based on quoted market prices established by the major security markets. Investment securities in general are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in values of investment securities will occur in the near-term, and that such changes could materially affect the amounts reported in the statements of financial position and activities and changes in net assets.

Purchases and sales of securities are recorded on trade dates. Investment income and realized and unrealized gains or losses are reflected in the statements of activities and changes in net assets within investment return, net. Donated investments are recorded at fair value at the time of receipt.

Net investment return from investments without donor restrictions are reported as revenue without donor restrictions. Net investment return for investments of net assets held in perpetuity are reported as increases in net assets with donor restrictions.

Effective July 1, 2012, the state of Florida adopted the Uniform Prudent Management of Institutional Funds Act (FUPMIFA). Absent explicit donor stipulations to the contrary, the Board has interpreted FUPMIFA as requiring the preservation of the fair value of the original gifts as of the gift date of the donor-restricted endowment funds. As a result of this interpretation, the Organization classifies as net assets with donor restrictions (a) the original value of the gifts donated to the endowment to be held in perpetuity, (b) the original value of subsequent gifts to the endowment to be held in perpetuity and (c) accumulations to the endowment to be held in perpetuity made in accordance with the direction of the applicable donor gift instrument at the time that accumulation is added to the fund.

The Organization considers the following factors in making a determination to appropriate or accumulate endowment funds:

- Donor desire and restrictions
- General economic conditions
- Possible effect of inflation and deflation
- Historical and expected total return from income and appreciation on investments
- Other resources of the Organization
- The investment policy of the Organization
- The preservation and protection of assets

## Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program

### Notes to Financial Statements

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#### Note 1. Nature of Activities and Significant Accounting Policies (Continued)

**Spending policy:** Endowments are established to preserve principal and generate an income stream to support the purpose of the funds held. A spending policy establishes a reasonable, sustainable, consistent and predictable expenditure level, which enables the Organization to use the endowment earnings to support its operation to the fullest extent possible while ensuring the principal value of the endowment is maintained and protected from the effects of inflation. The Organization's policy does not prohibit spending from underwater endowment funds if it is necessary although it has been management's practice not to do so.

The Organization has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowments while seeking to maintain the purchasing power of the endowment assets. Under these policies, as approved by the Board, endowment assets are invested in a manner that is intended to protect against loss associated with a single security, industry, issuer or event.

The Organization has an overall goal in the strategic plan to increase the endowments while maintaining the funding of programs at their current level. The Organization allows for a maximum annual appropriation of 4% of the past three-year rolling average of the net asset valuation of the endowment. During the years ended December 31, 2021 and 2020, the Organization did not appropriate any earnings from endowment funds to current year operations.

**Investment policy:** The Organization's objective, with regards to investment performance, is structured for capital appreciation with a potential for current income through a higher allocation of equities than fixed income and, where appropriate, other asset classes. Asset allocations include varying percentages of cash, equity, fixed income and commodity classes. Investment performance of the portfolio is monitored by comparison to a broad-based securities market index or other appropriate benchmark, including the S&P 500, Russell 1000, MSIC and Bloomberg Barclays U.S. Aggregated Bond Index, among others.

**Fair value measurements:** The Organization defines fair value in accordance with U.S. GAAP, which specifies a hierarchy of valuation techniques. The disclosure of fair value estimates is based on whether the significant inputs into the valuation are observable. In determining the level of hierarchy in which the estimate is disclosed, the highest priority is given to unadjusted quoted prices in active markets and the lowest priority to unobservable inputs. The Organization measures investments at fair value on a recurring basis.

The following is a brief description of the type of valuation information (inputs) that qualifies a financial asset or liability for each level:

- Level 1:** Unadjusted quoted market prices for identical assets or liabilities in active markets that are accessible by the Organization.
- Level 2:** Observable prices in active markets for similar assets or liabilities. Prices for identical or similar assets or liabilities in markets that are not active. Market inputs that are not directly observable but are derived from or corroborated by observable market data.
- Level 3:** Unobservable inputs based on the Organization's own judgment as to assumptions a market participant would use, including inputs derived from extrapolation and interpolation that are not corroborated by observable market data.

## Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program

### Notes to Financial Statements

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#### Note 1. Nature of Activities and Significant Accounting Policies (Continued)

The Organization evaluates the various types of financial assets and liabilities to determine the appropriate fair value hierarchy based upon trading activity and the observability of market inputs. The Organization employs control processes to validate the reasonableness of the fair value estimates of its assets and liabilities, including those estimates based on prices and quotes obtained from independent third-party sources.

While the Organization believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies and assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the report date.

During the years ended December 31, 2021 and 2020, there were no changes to the Organization's valuation techniques that had, or are expected to have, a material impact on its statements of financial position or activities and change in net assets.

**Unconditional promises to give:** Unconditional promises to give are recorded in the year the promise is made. Conditional promises to give, that is those with both a measurable performance or other barrier and a right of return or release, are not recognized until they become unconditional, that is, at the time when the conditions on which they depend on are substantially met. Unconditional promises to give that are expected to be collected within one year are recorded at their net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of estimated future cash flows.

The carrying amount of unconditional promises to give is reduced by a valuation allowance that reflects management's best estimate of the amount that will not be collected based on historical experience and an assessment of individual balances. Certain accounts are written off under the direct write-off method; other accounts are part of the reserve for doubtful accounts established based on management's review of individual donors. As of December 31, 2021 and 2020, the Organization considers all unconditional promises to give to be fully collectible.

**Estate receivables:** The Organization has been named as a beneficiary of future distributions from various estates. These estates are recorded at fair value upon the Organization's interest becoming irrevocable and measurable.

**Property and equipment:** Property and equipment are carried at amortized cost. Donated property and equipment are recorded at fair value at the date of receipt. Assets with costs greater than \$5,000 and estimated useful lives greater than one year are capitalized. Depreciation is computed using the straight-line method over the estimated useful lives of the asset, which can range as follows:

	<u>Years</u>
Buildings	20-30
Improvements	10-30
Furniture, fixtures and equipment	3-10

Expenditure for renewals and improvements that significantly add to the productive capacity or extend the useful lives of property and equipment are capitalized. Expenditures for normal repairs and maintenance are expensed as incurred. Upon retirement, sale or other disposition of property and equipment, the costs and accumulated depreciation are eliminated from the accounts, and any resulting gain or loss is included within the statements of activities and changes in net assets.

## Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program

### Notes to Financial Statements

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#### Note 1. Nature of Activities and Significant Accounting Policies (Continued)

Property acquired with governmental funds is considered to be owned by the Organization while used in the program for which it was purchased or in other future authorized programs; however, its disposition and ownership of any proceeds are subject to applicable regulations.

Construction in progress is stated at cost, which includes the cost of construction and other direct costs attributable to the construction. Construction in progress is not depreciated until put into service.

The Organization evaluates the various types of financial assets and liabilities to determine the expenditures for renewals and improvements that significantly add to the productive capacity or extend the useful life of the asset are capitalized. Expenditures for normal repairs and maintenance are expensed as incurred. Upon retirement, sale or other disposition of property and equipment, costs and accumulated depreciation are eliminated from the accounts, and any resulting gain or loss is included within the statements of activities and change in net assets.

**Impairment of long-lived assets:** The Organization evaluates the recoverability of its buildings, improvements and furniture, fixtures and equipment whenever adverse events or changes in the business climate indicate that the expected undiscounted future cash flows from the related asset may be less than previously anticipated. If the net book value of the related asset exceeds the undiscounted future cash flows of the asset, the carrying amount would be reduced to the present value of its expected future cash flows and an impairment loss would be recognized. Management believes no indication of impairment existed at December 31, 2021 and 2020.

**Beneficial interest in trusts:** The Organization has been named as an irrevocable beneficiary of a perpetual trust and charitable remainder unitrust held and administered by independent trustees. A perpetual trust provides for the distribution of the net income of the trusts to the Organization; however, the Organization will never receive the assets of the trust. A charitable remainder unitrust provides for specified distributions of trust assets, including net income, over the trust term. At the date the Organization received notice of a beneficial interest, a contribution with donor restrictions was recorded in the statements of activities and changes in net assets, and a beneficial interest was recorded in the statements of financial position at the fair value of the underlying trust assets. Changes in the fair value of the trust assets are recorded as an increase or decrease in net assets with donor restrictions on the statements of activities and changes in net assets.

**Mortgage costs:** Mortgage costs represent costs incurred to obtain financing are presented as a reduction of mortgages payable on the accompanying statements of financial position. These costs are being amortized over a straight-line basis, which approximates the effective interest method over the life of the related loan, and are recorded within interest expense in the statements of functional expenses.

**Advertising expense:** The Organization expenses advertising costs as incurred.

**Revenue recognition:** The Organization recognizes revenue from contracts with customers utilizing a five-step model as follows:

- Identify the contract with a customer
- Identify the performance obligations in the contract
- Determine the transaction price
- Allocate the transaction price to the performance obligations in the contract
- Recognize revenue when or as performance obligations are satisfied

## Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program

### Notes to Financial Statements

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#### **Note 1. Nature of Activities and Significant Accounting Policies (Continued)**

The Organization's revenue from contracts with customers consists of thrift store sales. The Organization's contracts have a single performance obligation. The transaction price is the amount of consideration to which the Organization expects to be entitled in exchange for transferring goods to the customer. Revenue is recorded based on transaction price, which is a fixed consideration. The Organization does offer some discounts, which would be variable consideration, but these discounts are insignificant.

The Organization recognizes revenue at a point in time when control of the Organization's goods is passed to the customer, which typically occurs at point of sale, and is when customer payment is collected.

**Client fees:** Client fees is made up of rental income as earned, based on agreed rates for services provided.

**Contributions:** Unconditional contributions are initially recognized at fair value in the period the promises are received. Conditional contributions, that is, those with both a measurable performance or other barrier and a right of return or releases, or intentions to give, are not recognized until they become unconditional, that is, at the time when the conditions on which they depend on are substantially met. In the absence of donor stipulations, unconditional contributions are reported as revenue without donor restrictions. Amounts received that are restricted by the donor for specific purposes are reported as revenue with donor restrictions. The Organization has adopted the accounting policy of not implying a time restriction on long-lived asset donations when the donor does not stipulate how long the asset must be used. The Organization reports contributions restricted by donors as increases in net assets without donor restrictions if the restrictions expire, that is, when a stipulated time restriction ends or purpose restriction is accomplished, in the reporting period in which the revenue is recognized.

**In-kind contributions:** Contributed use of facilities is recorded as support at its estimated fair rental value during the period of use. Other tangible donations are recorded as support at their estimated fair value during the period of use. Contributed services that require specialized skills (attorneys, doctors, etc.) are recorded in the statements of activities and changes in net assets as support without donor restriction at their estimated fair value. A number of unpaid volunteers, including Board members, have made significant contributions of their time to develop the Organization's programs and special events. However, the value of this contributed time is not reflected in the statements of activities and changes in net assets in accordance with U.S. GAAP. Total volunteer hours contributed were approximately 11,612 and 8,400 for the years ended December 31, 2021 and 2020, respectively.

The Organization receives contributions of goods and materials (inventory) and processes these contributions as merchandise available for sale in its retail thrift store. Management of the Organization believes that the inventory of contributed goods and materials does not possess an attribute that is easily measurable or verifiable with sufficient reliability to determine inventory value at the time of donation. It is only through the value-added processes that prepare the donated inventory for sale that donated inventory has value. Accordingly, contributed goods and materials are not valued prior to being offered for sale, and no revenue is recognized until the date of sale. There is no contribution revenue recorded in the accompanying financial statements for the years ending December 31, 2021 or 2020, associated with this inventory.

## Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program

### Notes to Financial Statements

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#### Note 1. Nature of Activities and Significant Accounting Policies (Continued)

**Grant revenue:** Support and revenue related to government and other private grants is recognized when funds are utilized by the Organization to carry out the activity stipulated by the grant or contract since such contracts can be terminated by the grantor, or refunding can be required under certain circumstances coupled with other performance and/or control barriers. For this reason, the Organization's agreements are considered conditional and so referred to as "conditional grants."

**Recently issued accounting pronouncements:** In September 2020, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2020-07, *Not-for-Profit Entities (Topic 958): Presentation and Disclosure by Not-for-Profit Entities for Contributed Nonfinancial Assets*. This ASU is intended to improve transparency in the reporting of contributed nonfinancial assets, also known as gifts-in-kind, for not-for-profit entities. The ASU will require a not-for-profit organization to present contributed nonfinancial assets as a separate line item in the statements of activities apart from contributions of cash or other financial assets. The ASU will also require enhanced disclosure, including disaggregation of nonfinancial assets recognized by category and qualitative information about each category. The amendments in this ASU will be applied on a retrospective basis and are effective for annual reporting periods beginning after June 15, 2021. Early adoption is permitted. The Organization does not expect this ASU to have a material impact on the financial statements.

In February 2016, FASB issued ASU 2016-02, *Leases (Topic 842)*. The guidance in this ASU supersedes the leasing guidance in Topic 840, *Leases*. Under the new guidance, lessees are required to recognize lease assets and lease liabilities on the statements of financial position for all leases with terms longer than 12 months. Leases will be classified as either financing or operating, with classification affecting the pattern of expense recognition in the statements of activities. In June 2020, the FASB issued ASU 2020-05 to defer the effective date of ASU 2016-02 for fiscal years beginning after December 15, 2021, including interim periods within those fiscal years. A modified retrospective transition approach is required for lessees for capital and operating leases existing at, or entered into after, the beginning of the earliest comparative period presented in the financial statements, with certain practical expedients available. The Organization does not expect this ASU to have a material impact on the financial statements.

**Functional expenses:** The cost of providing the various programs and other activities has been summarized on a functional basis in the statements of activities and changes in net assets and detailed in the statements of functional expenses. Expenses that can be identified with a specific program or supporting service are charged directly to that program or service according to their natural classification. Certain other costs have been allocated among the programs and supporting services benefited. Salaries, payroll taxes and benefits, personnel expenses, client services, Dental and Wellness Clinic, marketing, food, in-kind services, insurance, office expense and supplies, professional fees, repairs and maintenance, technology, telephone, utilities and transportation expense may contain allocations based on time and effort, as well as direct charges. In-kind lease space is estimated and allocated based on fair market value of the property, square footage utilized, as well as direct charges. Management and general expenses that are not directly allocable are allocated based on their estimated time and effort in each program or supporting service.

**Income taxes:** The Organization is recognized by the Internal Revenue Service (IRS) as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code. Income earned in furtherance of the Organization's tax-exempt purpose is exempt from federal and state income taxes. As such, no provision for income tax expense has been made in the accompanying financial statements.

## Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program

### Notes to Financial Statements

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#### Note 1. Nature of Activities and Significant Accounting Policies (Continued)

The Organization has adopted the accounting standard on accounting for uncertainty in income taxes. Management assessed whether there were any uncertain tax positions which may give risk to income tax liabilities and determined that there were no such matters requiring recognition in the accompanying financial statements. Generally, the Organization is no longer subject to U.S. federal or state income tax examinations by tax authorities for the years before December 31, 2018.

**Reclassifications:** Certain reclassifications have been made to the 2020 balances to conform to 2021 presentation. The reclassifications did not result in a change in previously reported change in net assets.

**Subsequent events:** Management has evaluated all events subsequent to the statements of financial position date of December 31, 2021, through May 18, 2022, which is the date the financial statements were available to be issued.

#### Note 2. Available Resources and Liquidity

The Organization regularly monitors liquidity required to meet its operating needs. For purposes of analyzing resources available to meet general expenditures, such as operating expenses or capital projects, the Organization considers all expenditures related to its ongoing activities. The financial assets and liquidity resources available within one year for general expenditure comprise the following as of December 31, 2021 and 2020:

	2021	2020
Financial assets at year-end:		
Cash and cash equivalents	\$ 2,333,830	\$ 1,884,983
Grants receivable	210,611	194,973
Accounts receivable—other	235,707	151,362
Unconditional promises to give	59,337	29,040
Estate receivables	963,892	1,679,041
Investments	9,312,383	7,302,639
Beneficial interest in trusts	1,195,764	1,199,254
Total financial assets	<u>14,311,524</u>	<u>12,441,292</u>
Less amounts not available to be used within one year:		
Net assets with donor restrictions	2,803,408	3,373,444
Less net assets with time restrictions to be met in less than a year	(963,892)	(1,679,041)
Board designated endowment	6,518,019	5,549,539
	<u>8,357,535</u>	<u>7,243,942</u>
Financial assets available to meet general expenditures over the next 12 months	<u>\$ 5,953,989</u>	<u>\$ 5,197,350</u>

As part of the Organization's liquidity management plan, the Organization invests cash in excess of daily requirements in certificates of deposits and money market funds. The Organization's cash position is monitored by executive management to ensure sufficient funds are available to meet daily requirements. Daily requirements are based on the budget, contracts, payroll and invoice schedules.

## Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program

### Notes to Financial Statements

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#### Note 2. Available Resources and Liquidity (Continued)

Additionally, not included as available are the Organization's board designated endowment totaling \$6,518,019 and \$5,549,539 as of December 31, 2021 and 2020, and its two lines of credit with available balances totaling \$1.9 million. The board designated endowment fund was established by the Board to benefit the Organization by providing regular, predictable operating income that will help fill gaps caused by increasing costs, demands and the possibility of diminishing government support. Although the Organization does not intend to spend from this internally designated fund other than amounts appropriated for general expenditure as a part of its annual budget approval and appropriation process or draw from its lines of credit, amounts could be made available if necessary to provide support for the Organization's programs and facilities.

#### Note 3. Unconditional Promises to Give and Estate Receivables

Unconditional promises to give and estate receivables at December 31, 2021 and 2020, are expected to be collected as follows:

	2021	2020
Less than one year	\$ 1,023,229	\$ 1,708,081

#### Note 4. Investments

Investments are summarized as follows at December 31, 2021 and 2020:

	2021	2020
Money market funds	\$ 1,104,122	\$ 700,857
Fixed income securities—investment grade	1,395,630	1,261,794
Fixed income securities—global high yield	49,182	49,350
Equities—domestic	5,739,115	4,418,327
Equities—international	522,685	420,152
REIT	16,867	14,094
Equities—emerging markets	198,519	208,648
Commodities	286,263	229,417
	<u>\$ 9,312,383</u>	<u>\$ 7,302,639</u>

Certain investments are pledged as collateral for the mortgage payable (see Note 7).



## Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program

### Notes to Financial Statements

#### Note 5. Fair Value Measurements

The following table summarizes major categories of the Organization's assets measured at fair value on a recurring basis at December 31, 2021 and 2020:

	2021			
	Fair Value	Quoted Prices	Significant Other	Significant
		in Active Markets for Identical Assets (Level 1)	Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Investments:				
Money market funds	\$ 1,104,122	\$ 1,104,122	\$ -	\$ -
Fixed income securities—investment grade	1,395,630	-	1,395,630	-
Fixed income securities—global high yield	49,182	-	49,182	-
Equities—domestic	5,739,115	5,739,115	-	-
Equities—international	522,685	522,685	-	-
REIT	16,867	16,867	-	-
Equities—emerging markets	198,519	198,519	-	-
Commodities	286,263	-	286,263	-
Total investments	9,312,383	7,581,308	1,731,075	-
Beneficial interest in trusts	1,195,764	-	-	1,195,764
Estate receivables	963,892	-	-	963,892
Total assets at fair value	\$ 11,472,039	\$ 7,581,308	\$ 1,731,075	\$ 2,159,656
	2020			
	Fair Value	Quoted Prices	Significant Other	Significant
		in Active Markets for Identical Assets (Level 1)	Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Investments:				
Money market funds	\$ 700,857	\$ 700,857	\$ -	\$ -
Fixed income securities—investment grade	1,261,794	-	1,261,794	-
Fixed income securities—global high yield	49,350	-	49,350	-
Equities—domestic	4,418,327	4,418,327	-	-
Equities—international	420,152	420,152	-	-
REIT	14,094	14,094	-	-
Equities—emerging markets	208,648	208,648	-	-
Commodities	229,417	-	229,417	-
Total investments	7,302,639	5,762,078	1,540,561	-
Beneficial interest in trusts	1,199,254	-	-	1,199,254
Estate receivables	1,679,041	-	-	1,679,041
Total assets at fair value	\$ 10,180,934	\$ 5,762,078	\$ 1,540,561	\$ 2,878,295

Level 1 investments are classified as such due to their closeness to cash or being valued based on quoted market prices. Level 2 investments are classified as such due to being valued based on similar assets.

The assets held in trust and the estate receivables are managed by an independent third-party trustee, and the Organization has no authority over investment decisions. Thus, the trust assets are classified as Level 3 within the fair value hierarchy level. There were no transfers into and out of Level 3 investments and no purchase or issues of Level 3 investments for the years ended December 31, 2021 and 2020.

## Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program

### Notes to Financial Statements

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#### Note 6. Property and Equipment

Property and equipment consists of the following at December 31, 2021 and 2020:

	2021	2020
Buildings	\$ 11,853,622	\$ 11,847,913
Building improvements	4,085,346	3,530,853
Construction in progress	-	179,395
Land	685,610	685,610
Land improvements	67,812	67,812
Furniture, fixtures and equipment	1,494,309	1,487,566
	<u>18,186,699</u>	<u>17,799,149</u>
Less accumulated depreciation	(8,974,706)	(8,305,703)
	<u>\$ 9,211,993</u>	<u>\$ 9,493,446</u>

Depreciation expense is \$669,004 and \$673,674 for the years ended December 31, 2021 and 2020, respectively.

## Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program

### Notes to Financial Statements

#### Note 7. Mortgages Payable

Mortgages payable, net of mortgage costs consist of the following at December 31, 2021 and 2020:

	2021	2020
Mortgages payable to Pinellas County (Pinellas County Community Development), no principal payments required, interest free, collateralized by real property, forgiven if the property continues to be used for its intended purpose through 2038. In the event the Organization was to dispose of or alter the use of the property within the specified time period, a pro rata share would be required to be returned to Pinellas County.	\$ 309,268	\$ 309,268
Mortgage payable to Pinellas County (Community Development Block Grants/Entitlement Grants), no principal payments required, interest free collateralized by real property. The mortgage payable was fully forgiven in fiscal year 2021.	-	100,000
Mortgage payable to Pinellas County (Community Development Block Entitlement/Grants), no principal payment required, interest free, collateralized by real property forgiven if the property continues to be used for its intended purpose through 2031. In the event the Organization was to dispose of or alter the use of the property within the specified time period, a pro rata share would be required to be returned to Pinellas County.	410,000	410,000
Mortgage payable to Pinellas County (Home Investment Partnerships Program) monthly principal and interest payments of \$6,311 required beginning November 1, 2024; 3% annual interest rate; collateralized by real property; \$299,250 forgiven if the property continues to be used for its intended purpose through 2044.	1,800,000	1,800,000
Mortgage payable to City of Clearwater Economic Development and Housing Department (Pinellas County Community Housing Trust Fund Program—\$274,335 and Home Investment Partnerships Program—\$823,005); monthly principal and interest payments of \$3,365 required beginning January 2025; 1.5% annual interest rate; collateralized by real property; \$299,250 forgiven if the property continues to be used for its intended purpose through 2044. If the Organization was to dispose of or alter the use of the property within the specified time period, the entire loan balance and interest at 1.5% would be required to be paid to the City of Clearwater.	1,097,340	1,097,340
Mortgage payable to Clearwater Homeless Intervention Project, Inc., no principal payments required, interest free, collateralized by real property. Beginning in 2016, \$41,667 was forgiven each year. The mortgage payable was fully forgiven in 2021.	-	41,669
	3,616,608	3,758,277
Less current portion	-	(141,141)
Less mortgage costs	(11,591)	(12,118)
	<u>\$ 3,605,017</u>	<u>\$ 3,605,018</u>

## Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program

### Notes to Financial Statements

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#### Note 7. Mortgages Payable (Continued)

Future maturities of mortgages payable at December 31, 2021, are as follows:

	Principal	Expected Forgiveness	Mortgage Costs	Total
Years ending December 31:				
2022	\$ -	\$ -	\$ (527)	\$ (527)
2023	-	-	(527)	(527)
2024	14,233	-	(527)	13,706
2025	111,914	-	(527)	111,387
2026	112,314	-	(527)	111,787
Thereafter	2,060,379	1,317,768	(8,956)	3,369,191
	<u>\$ 2,298,840</u>	<u>\$ 1,317,768</u>	<u>\$ (11,591)</u>	<u>\$ 3,605,017</u>

Mortgage costs consist of the following as of December 31, 2021 and 2020:

	2021	2020
Mortgage costs	\$ 14,753	\$ 14,753
Less accumulated amortization	(3,162)	(2,635)
	<u>\$ 11,591</u>	<u>\$ 12,118</u>

Interest expense related to amortization of mortgage costs was \$527 for each of the years ended December 31, 2021 and 2020.

#### Note 8. Lines of Credit

The Organization has an agreement with Bank of America for a \$1.4 million line of credit. Borrowings under the credit line carry an interest rate of the London Interbank Offered Rate, plus 1.5% (1.58% and 1.64% at December 31, 2021 and 2020, respectively). The Organization is able to request Bank of America to make demand loans in the aggregate principal amount that would not cause the total amount outstanding to be in excess of \$1.4 million. Bank of America may decline any request at its sole discretion with or without cause. The loan payable is due on demand and collateralized by investments without donor restrictions. There were no amounts outstanding at December 31, 2021 and 2020. The Organization paid no interest associated with this agreement for the years ended December 31, 2021 and 2020. The agreement was renewed in May 2022 and expires in May 2023.

Additionally, the Organization has an agreement with Synovus Bank for a \$500,000 credit facility to be used for working capital needs. Borrowings under this credit line carry an interest rate calculated the prime lender rate (4.00% and 3.25% as of December 31, 2021 and 2020, respectively) and not to exceed 18% or fall below 4%. There was no amount outstanding at December 31, 2021 and 2020. The Organization paid no interest associated with this credit line for the years ended December 31, 2021 and 2020. The agreement was renewed in the current year, extending the maturity until November 2022.

## Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program

### Notes to Financial Statements

#### Note 9. Net Assets

Net assets without donor restrictions were as follows as of December 31, 2021 and 2020:

	2021	2020
Undesignated	\$ 10,498,962	\$ 9,159,864
Board designated endowment	6,518,019	5,549,539
	<u>\$ 17,016,981</u>	<u>\$ 14,709,403</u>

Net assets with donor restrictions were as follows as of December 31, 2021 and 2020:

	2021	2020
Subject to the passage of time:		
Grant receivables	\$ -	\$ 40,000
Estate receivables	963,892	1,679,041
Subject to expenditure for specified purpose:		
Dental and Wellness Clinic—comprehensive dental services, disease self-management program, nutritional counseling, wellness education and navigation services	60,118	62,906
Senior Citizens Services—housing for senior citizens	10,733	17,188
HEP West—single-occupancy apartments for U.S. veterans of the wars fought in Iraq and Afghanistan	7,593	7,593
Workforce Development—support North Greenwood Adult Education and Workforce Development Center	55,861	52,488
Urban Empowerment Garden—expenditures to benefit the garden infrastructure and sustainability	69,063	35,012
VA Clubhouse—Veteran's activities and clubhouse support	16,670	14,050
Families & Children—to help children and families	27,079	-
Kitchen & Dining Hall—facility upgrades	20,515	-
Thrift Store—facility upgrades	10,832	-
TD Charitable—housing for everyone	52,970	-
Subject to the Organization's spending policy and appropriation:		
Investments in perpetuity (including original gifts totaling \$200,000 as of December 31, 2021 and 2020) and the net investment return from which is expendable to support:		
General operations	312,318	265,912
Not subject to the Organization's spending policy or appropriation:		
Beneficial interest in trusts	1,195,764	1,199,254
	<u>\$ 2,803,408</u>	<u>\$ 3,373,444</u>

## Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program

### Notes to Financial Statements

#### Note 9. Net Assets (Continued)

Net assets were released from net assets with donor restrictions by incurring expenses satisfying the restricted purposes or by occurrence of the passage of time of other events specified by donors as follows for the years ended December 31, 2021 and 2020:

	2021	2020
Expiration of time restrictions	\$ 634,511	\$ 1,839,082
Dental and Wellness	62,906	175,658
Baty Villas	-	29,538
Senior Citizen Services	6,455	34,105
Workforce Development	92,488	-
Urban Empowerment Garden	25,949	-
VA Clubhouse	14,050	-
Beneficial interest in trusts	75,770	-
	<u>\$ 912,129</u>	<u>\$ 2,078,383</u>

#### Note 10. Endowments

The Organization's endowments include both donor-restricted and board designated funds.

**Donor-restricted:** The endowment fund was established in 2006 with a donor-restricted contribution of \$200,000. According to the agreement and subsequent amendment, the original \$200,000 corpus is not subject to withdrawal, and income from the fund is available for general operations. If circumstances for the Organization become financially catastrophic, a portion of the original corpus may be spent with approval by at least 75% of the Board.

**Board designated:** The board designated endowment fund was established by the Board of Directors to benefit the Organization by providing regular, predictable operating income that will help fill gaps caused by increasing costs, demands and the possibility of diminishing government support. Management expects the principal to be preserved; however, the principal and earnings are available to provide support for the Organization's programs and facilities.

Endowment net asset composition by type of fund is as follows as of December 31, 2021 and 2020:

	2021		
	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted endowment funds	\$ -	\$ 312,318	\$ 312,318
Board designated endowment funds	6,518,019	-	6,518,019
	<u>\$ 6,518,019</u>	<u>\$ 312,318</u>	<u>\$ 6,830,337</u>

**Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program**

**Notes to Financial Statements**

**Note 10. Endowments (Continued)**

	2020		
	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted endowment funds	\$ -	\$ 265,912	\$ 265,912
Board designated endowment funds	5,549,539	-	5,549,539
	<u>\$ 5,549,539</u>	<u>\$ 265,912</u>	<u>\$ 5,815,451</u>

Changes in endowment net assets are as follows for the years ended December 31, 2021 and 2020:

	2021		
	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, beginning	\$ 5,549,539	\$ 265,912	\$ 5,815,451
Investment return, net	968,480	46,406	1,014,886
Endowment net assets, ending	<u>\$ 6,518,019</u>	<u>\$ 312,318</u>	<u>\$ 6,830,337</u>

	2020		
	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, beginning	\$ 5,091,389	\$ 243,959	\$ 5,335,348
Investment return, net	458,150	21,953	480,103
Endowment net assets, ending	<u>\$ 5,549,539</u>	<u>\$ 265,912</u>	<u>\$ 5,815,451</u>

**Note 11. In-Kind Revenue and Expenses**

Included as without donor restriction support and expense are the following in-kind contributions for the years ended December 31, 2021 and 2020:

	2021	2020
Food	\$ 342,509	\$ 401,642
Lease space	438,793	438,073
Dental services	300,250	155,150
Psychiatric counseling	113,114	113,114
Thrift store	214,532	207,735
Other	11,903	5,446
	<u>\$ 1,421,101</u>	<u>\$ 1,321,160</u>

As discussed in Note 1, contributed services and tangible donations are recorded at their estimated fair values. The thrift store in-kind contributions recorded above are only for clothing provided to clients.

## Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program

### Notes to Financial Statements

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#### **Note 12. Other Income**

In April 2021, the Organization received a Paycheck Protection Program (PPP) loan in the amount of \$608,725, which was guaranteed by the U.S. Small Business Administration (SBA) under the Coronavirus Aid, Relief, and Economic Securities Act (CARES Act). The purpose of the loan was to retain workers and maintain payroll along with other allowable costs. The loan bore interest at 1% annually. Under the CARES Act, up to the full principal amount of the loans and any accrued interest can be forgiven if the Organization utilizes all of the loan proceeds for forgivable purposes required under the CARES Act.

In May 2020, the Organization received a PPP loan in the amount of \$608,725, which was guaranteed by the SBA under the CARES Act. The purpose of the loan was to retain workers and maintain payroll along with other allowable costs. The loan bore interest at 1% annually. Under the CARES Act, up to the full principal amount of the loans and any accrued interest can be forgiven if the Organization utilizes all of the loan proceeds for forgivable purposes required under the CARES Act.

The Organization elected to account for the PPP loans as a conditional contributions under Accounting Standards Codification (ASC) Subtopic 958-605. Management believes the revenue recognition criteria under ASC Subtopic 958-605 have been met as of December 31, 2020, for the May 2020 PPP loan, and as of December 31, 2021, for the April 2021 PPP loan. As such, these PPP loans have been recognized as other income in the statements of activities and changes in net assets as of December 31, 2021 and 2020.

In March 2021, the Organization received notification of loan forgiveness from the SBA in the amount of \$614,078 for the May 2020 PPP loan. This forgiveness included the original principal amount and \$5,353 in accrued interest.

#### **Note 13. Leases**

The Organization leases real property from Everybody's Tabernacle (Church), a local community church, for its service building, at an annual nominal rate of approximately \$14,000 per year for a term of 20 years, expiring 2028, compounding at a rate of 2% per year.

The dental clinic, as well as the houses and dormitories used in emergency and transitional housing for the homeless, are leased from the Church for one year at \$1 per year. The fair rental value of \$438,793 and \$438,073 was recognized as in-kind contributions revenue and in-kind lease space expenses in the accompanying financial statements for the years ended December 31, 2021 and 2020, respectively. Total rental expenses were approximately \$453,000 for the years ended December 31, 2021 and 2020.

#### **Note 14. Related Parties**

The pastor and the president of the Church serve on the Board of Directors. In 2021 and 2020, the Church leased real property to the Organization for a nominal rate.

For each of the years ended December 31, 2021 and 2020, the Church reimbursed the Organization approximately \$0 and \$20,000 for salaries and benefits for the Church's receptionist, respectively.

The Organization rents two houses from its founder emeritus for a total of \$1,500 a month. Total rent paid to the founder emeritus for each of the years ended December 31, 2021 and 2020, was \$18,000. This agreement expired in 2016 and has continued month-to-month since expiration.



## Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program

### Notes to Financial Statements

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#### Note 15. Contingencies

The Organization is subject to federal and state examination to determine compliance with grant funding requirements. In the event that expenditures are disallowed, repayment could be required. It is the opinion of management that no expenditures will be disallowed.

#### Note 16. Concentrations

A significant portion of the Organization's activities are supported by funds provided by the United States federal government. In addition, for the year ended December 31, 2021, one donor made up 20% of contribution revenue. This donor did not have a receivable balance as of December 31, 2021.

#### Note 17. Risks and Uncertainties

On January 30, 2020, the World Health Organization declared the coronavirus outbreak a "Public Health Emergency of National Concern" and, on March 11, 2020, declared it to be a pandemic. The U.S. economy has been growing as COVID-19 pandemic conditions have significantly improved in the United States from their low points. Commercial activities in the United States have been increasingly returning to pre-pandemic practices and operations as a result of recent and expected future government spending on pandemic relief, infrastructure and other matters.

However, there remains uncertainty as to the ultimate duration and severity of the pandemic on commercial activities, supply chain constraints and labor availability, including risks that may arise from variants, mutations or related strains of the virus and the ability of countries to successfully administer vaccinations to a sufficient number of persons. As a result of these uncertainties, the Organization is unable to determine what the ultimate impact will be on its donors, clients, vendors and other stakeholders businesses, operations, financial result and financial position.

#### Note 18. Conditional Promises to Give from Donors

The Organization has conditional promises to give from grantors and donors of \$1,874,712 and \$2,341,405 as of December 31, 2021 and 2020, respectively. Future payments are contingent upon the Organization carrying out certain activities (meeting grant and donor imposed barriers) stipulated by the grant or contract.

Conditional promises to give from the Organization's grant donors consist of the following:

	2021	2020
Cash grants from U.S. government	\$ 1,549,684	\$ 2,185,230
Cash grants from other grantors/donors	33,826	156,175
Estates and trusts	291,202	-
	<u>\$ 1,874,712</u>	<u>\$ 2,341,405</u>

# Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program

## Schedule of Expenditures of Federal Awards Year Ended December 31, 2021

Federal Agency Pass-Through Entity Federal Program Cluster/Title	Pass-Through Entity Identifying/Contract Number	Assistance Listing Number	Expenditures	Pass-Through to Subrecipients
<b>U.S. Department of Housing and Urban Development</b>				
Passed through Pinellas County:				
CDBG – Entitlement Grants Cluster:				
Community Development Block Grants/Entitlement Grants	N/A	14.218	\$ 100,000 *	\$ -
Community Development Block Grants/Entitlement Grants	N/A	14.218	410,000 *	-
Community Development Block Grants/Entitlement Grants	N/A	14.218	852	-
Community Development Block Grants/Entitlement Grants	CD20HEP	14.218	106,408	-
Passed through City of Clearwater:				
CDBG – Entitlement Grants Cluster:				
Community Development Block Grants/Entitlement Grants	N/A	14.218	62,499	-
Community Development Block Grants/Entitlement Grants	N/A	14.218	88,960	-
			<u>768,719</u>	<u>-</u>
Passed through Pinellas County:				
Emergency Solutions Grant Program	ESG18HEP	14.231	58,813	-
Emergency Solutions Grant Program	ESG20HEP	14.231	75,826	-
Emergency Solutions Grant Program	ES19HEPREH	14.231	94,377	-
COVID-19: Emergency Solutions Grant Program	COVID CARES/ESG19HEP	14.231	20,635	-
			<u>249,651</u>	<u>-</u>
Direct award:				
Supportive Housing Program	FL0035L4H021911	14.235	33,268	-
Supportive Housing Program	FL0035L4H022012	14.235	25,808	-
Supportive Housing Program	FL0030L4H021912	14.235	29,538	-
Supportive Housing Program	FL0030L4H022013	14.235	76,462	-
			<u>165,076</u>	<u>-</u>
Passed through City of Clearwater:				
Home Investment Partnerships Program	N/A	14.239	823,005 *	-
Passed through Pinellas County:				
Home Investment Partnerships Program	N/A	14.239	1,800,000 *	-
			<u>2,623,005</u>	<u>-</u>
Direct award:				
Housing Voucher Cluster:				
Section 8 Housing Choice Vouchers	52530B	14.871	98,581	-
			<u>98,581</u>	<u>-</u>
			<u>3,905,032</u>	<u>-</u>
<b>Total U.S. Department of Housing and Urban Development</b>				
<b>U.S. Department of Transportation</b>				
Direct award:				
Transit Services Programs Cluster:				
Enhanced Mobility of Seniors and Individuals with Disabilities	G1J15	20.513	13,979	-
			<u>13,979</u>	<u>-</u>
<b>Total U.S. Department of Transportation</b>				
<b>U.S. Department of Veteran Affairs</b>				
Direct award:				
VA Homeless Providers Grant and Per Diem Program	HEPI694-1332-516-PD-21	64.024	705,222	-
VA Homeless Providers Grant and Per Diem Program	HEPI694-1065-516-CM-20	64.024	95,224	-
VA Homeless Providers Grant and Per Diem Program	HEPI694-2237-516-CM-22	64.024	21,806	-
			<u>822,252</u>	<u>-</u>
<b>Total U.S. Department of Veteran Affairs</b>				
<b>U.S. Department of Homeland Security</b>				
Direct award:				
Emergency Food and Shelter National Board Program	169400-006 Phase 37	97.024	17,249	-
Emergency Food and Shelter National Board Program	169400-006 Phase 38	97.024	23,679	-
COVID: Emergency Food and Shelter National Board Program	169400-006 CARES Act	97.024	10,347	-
			<u>51,275</u>	<u>-</u>
<b>Total U.S. Department of Homeland Security</b>				
			<u>\$ 4,792,538</u>	<u>\$ -</u>

\*Represents the balance of a loan from a previous year, plus new loans during the current year for which the federal government imposes continuing compliance requirements.

See notes to schedule of federal awards.

## Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program

### Notes to Schedule of Expenditures of Federal Awards

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#### Note 1. Basis of Presentation

The accompanying schedule of expenditures of federal awards includes the federal grant activities of Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program (the Organization). The information in the schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations (CFR), Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the schedule presents only a selected portion of the operations of the Organization, it is intended to and does not present the statements of financial position, activities and changes in net assets, functional expense or cash flows of the Organization.

Some amounts presented in the schedule may differ from amounts presented or used in the preparation of the financial statements.

#### Note 2. Summary of Significant Accounting Policies

Expenditures reported on the schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or limited as to reimbursement.

#### Note 3. Indirect Costs

The Organization did not elect to use the 10% de minimis indirect cost rate allowed by the Uniform Guidance.

#### Note 4. Loans

The Organization had the following loan balances at December 31, 2021:

ALN	Description	Original Loan Amount	Balance at January 1, 2021	Loan Forgiveness	Balance at December 31, 2021
14.218	Community development block grants/ entitlement grants	\$ 100,000	\$ 100,000	\$ (100,000)	\$ -
14.218	Community development block grants/ entitlement grants	410,000	410,000	-	410,000
14.239	Home investment partnerships program	823,005	823,005	-	823,005
14.239	Home investment partnerships program	1,800,000	1,800,000	-	1,800,000

**Report on Internal Control Over Financial Reporting and on  
Compliance and Other Matters Based on an Audit of Financial Statements  
Performed in Accordance with *Government Auditing Standards***

**Independent Auditor's Report**

Board of Directors  
Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program (the Organization), which comprise the statements of financial position as of December 31, 2021, the related statements of activities and changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated May 18, 2022.

**Report on Internal Control Over Financial Reporting**

In planning and performing our audit of the financial statements, we considered the Organization's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A *deficiency* in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected, and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

**Report on Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the Organization's financial statements are free from material misstatement, we performed tests of their compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

**Purpose of This Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

*RSM US LLP*

St. Petersburg, Florida  
May 18, 2022

**Report on Compliance for Each Major Federal Program and  
Report on Internal Control Over Compliance Required by the Uniform Guidance**

**Independent Auditor's Report**

Board of Directors  
Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program

**Report on Compliance for Each Major Federal Program**

**Opinion on Each Major Federal Program**

We have audited Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program's (the Organization) compliance with the types of compliance requirements identified as subject to audit in the *OMB Compliance Supplement* that could have a direct and material effect on each of the Organization's major federal programs for the year ended December 31, 2021. The Organization's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Organization complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal programs for the year ended December 31, 2021.

**Basis for Opinion on Each Major Federal Program**

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*); and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to the audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the Organization's compliance with the compliance requirements referred to above.

**Responsibilities of Management for Compliance**

Management is responsible for compliance with the requirements referred to above and for the design, implementation and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to the Organization's federal programs.

### **Auditor's Responsibilities for the Audit of Compliance**

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Organization's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards* and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Organization's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Organization's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the Organization's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

### **Report on Internal Control Over Compliance**

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above, and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit, we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

*RSM US LLP*

St. Petersburg, Florida  
May 18, 2022



**Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program**

**Schedule of Findings and Questioned Costs  
Year Ended December 31, 2021**

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**Section I. Summary of Auditor's Report**

*Financial Statements*

Type of auditor's report issued on whether the financial statements audited were prepared in accordance with GAAP: Unmodified

Internal control over financial reporting:

Material weakness(es) identified?	<u>      </u> Yes	<u>  X  </u> No
Significant deficiency(ies) identified?	<u>      </u> Yes	<u>  X  </u> None reported

Noncompliance material to financial statements noted?        Yes   X   No

*Federal Awards*

Internal control over major federal programs:

Material weakness(es) identified?	<u>      </u> Yes	<u>  X  </u> No
Significant deficiency(ies) identified?	<u>      </u> Yes	<u>  X  </u> None reported

Type of auditor's reports issued on compliance for major program: Unmodified

Any audit findings disclosed that are required to be reported in accordance with Section 2 CFR 200.516(a)?        Yes   X   No

Identification of major programs:

ALN Number	Name of Federal Program or Cluster
64.024	VA Homeless Providers Grant and Per Diem Program
14.218	Community Development Block Grants/Entitlement Grants
14.231	Emergency Solutions Grant Program

Dollar threshold used to distinguish between type A and type B programs: \$ 750,000

Auditee qualified as low-risk auditee?   X   Yes        No

**Section II. Financial Statement Findings**

None reported.

**Section III. Findings and Questioned Costs for Federal Awards**

None reported.

**Homeless Emergency Project, Inc. d/b/a Homeless Empowerment Program**

**Summary Schedule of Prior Audit Findings  
Year Ended December 31, 2021**

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There were no findings reported for the year ended December 31, 2020.

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/01/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Marsh & McLennan Agency Bouchard Region 101 N. Starcrest Drive Clearwater, FL 33765	<b>CONTACT NAME:</b> Karla C. Gehring <b>PHONE (A/C, No, Ext):</b> 727 447-6481 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b>  <table style="width:100%;"> <tr> <td style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td style="text-align: center;"><b>NAIC #</b></td> </tr> <tr> <td><b>INSURER A :</b> Alliance of Nonprofits for Ins</td> <td style="text-align: center;"><b>10023</b></td> </tr> <tr> <td><b>INSURER B :</b></td> <td></td> </tr> <tr> <td><b>INSURER C :</b></td> <td></td> </tr> <tr> <td><b>INSURER D :</b></td> <td></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </table>	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	<b>INSURER A :</b> Alliance of Nonprofits for Ins	<b>10023</b>	<b>INSURER B :</b>		<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>														
<b>INSURER A :</b> Alliance of Nonprofits for Ins	<b>10023</b>														
<b>INSURER B :</b>															
<b>INSURER C :</b>															
<b>INSURER D :</b>															
<b>INSURER E :</b>															
<b>INSURER F :</b>															
<b>INSURED</b> Homeless Emergency Project Inc 1120 Betty Lane N Clearwater, FL 33755-3303															

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<b>Y</b>	<b>Y</b>	202231648	06/01/2022	06/01/2023	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>500,000</b> MED EXP (Any one person) \$ <b>20,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>3,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>3,000,000</b> \$
<b>A</b>	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			202231648	06/01/2022	06/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>A</b>	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>			202231648UMB	06/01/2022	06/01/2023	EACH OCCURRENCE \$ <b>2,000,000</b> AGGREGATE \$ <b>2,000,000</b> \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>A</b>	Professional Liab	<b>Y</b>	<b>Y</b>	202231648	06/01/2022	06/01/2023	\$1,000,000/\$3,000,000
<b>A</b>	Improper Sexual Conduct			202231648	06/01/2022	06/01/2023	\$1,000,000/\$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**If required by written contract, Certificate Holder is an additional insured with respect to General Liability and Professional Liability, subject to the terms, conditions and exclusions of the policies.**  
**When required by written contract, waiver of subrogation applies in favor of Certificate Holder with respect to General Liability and Professional Liability, subject to the terms, conditions and exclusions of the policy.**

<b>CERTIFICATE HOLDER</b>  <p style="text-align: center;"><b>For Informational Purposes Only</b></p>	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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