# **Application Form**

# Organization Information

### **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.

- What is the timeline for the foundation funding you are pursuing?
- Including budget data to show with financial impact of COVID would strengthen this application.
- Specific project that is ready to go once funding is made and addresses both the economic harm from COVID and the actual harm of COVID through better ventilation. I think this is exactly the kind of project we should be considering.
- Have the current HVAC systems reached or is beyond its service life? Funding loss due to the pandemic is not clearly described.

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 at 3 sites

### **Organization Name**

Hope Villages of America

### **Project Name\***

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

**HVAC** Replacement - Affordable Housing and Food Bank



59-1309186

### Incorporation Year\*

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

1967

### **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 hope restoration with dignity through innovative programs and services.

### 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 TS79VPGHH6H6

### **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.

\$11,488,567.00

### 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.

\$248,259.00

### 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.

Hope Villages provides three categories of services in Pinellas County Category 1 is the Abuse Services Division. This division operates programs that assist victims of domestic violence- this would include both shelter services and outreach into the community. More specifically, the program offers shelter services for up to 30 days, financial support including dollars to relocate, safety planning, counseling and support groups in the community. The Abuse Services Division includes victims experiencing physical abuse, mental abuse, economic abuse, and human trafficking. The population served includes both men and women as well as children. In addition, a unique program called Peacemakers is operated in the Abuse Services Division - this program provides education to the middle school population on handling conflict.

The second category is the Foods Services and Basic Needs Division - these services include a centrally located Food Bank that supplies food to over 80 food pantries in Pinellas County, a mobile food pantry that serves the food insecure in Pinellas County for individuals and families that lack transportation, and finally the provision of basic need items delivered through the Express Center in St. Petersburg.

Our third category is Affordable Housing Services. There are two prongs of services - Hope Villages owns and operates an affordable housing apartment complex, Goldsmith Gardens and The Oaks (formerly Grace House) with the plans to expand to more properties in Pinellas County. In addition, the division provides housing navigation, provision for utilities and rent assistance.

### 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.

Community Need Food Bank- In 2020, 123,660 were food insecure in Pinellas County which represents 14% of the population (July 2020, Feeding America). This has been exacerbated since 2020 leading to higher unemployment rates, poverty and limited access to school nutrition programs. During the pandemic, Pinellas County soared in unemployment rates to 13.9 percent in May of 2020 (Pinellas County FL unemployment rates - YCharts), schools closed in March of 2020 and families had had no access to nutrition programs, and finally supply chain issues driving cost and availability of critical items up in prices. Mobile food pantries experienced growth to meet the community need as many households had no access to transportation, experienced income loss and were dealing with the increased demand for food due to children now requiring meals at home.

Community Need Affordable - Pinellas County is currently experiencing an Affordable Housing Crisis - data supports a substantial growth in population in Tampa Bay at the rate of 5.5%(Pinellas County, FL, population 2022, worldpopulationreview.com). Pinellas County is the most densely populated county in the State leaving very little room for growth. The pandemic increased the need for affordable housing is several ways (1) the moratorium on rental payments ended resulting in families facing eviction and seeking alternate housing, (2) federal/state dollars available provided for mortgage and rent assistance were difficult for many to understand, and (3) the availability of shelter beds was reduced - families had a heightened since of urgency to secure permanent housing.

Community Need Abuse Services - Pinellas County outpaces more densely populated counties in Florida in the rate per capital of domestic violence including Miami-Dade and Broward. Pinellas County reports 6,111 incidents of domestic violence per 100,000 - many incidents go largely unreported (FlHealthCharts.gov).

### 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 <u>PROVIDED THAT</u> the negative economic impact is relevant to both requests.
This has been copied from your LOI.

The request speaks to several distinct areas of need (1) a need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC (2) a need for capital assets to offset community need for which the organization doesn't have the resources to purchase and inflationary pressures.

Area 1 -A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC.

ASHREA, whose mission is to serve humanity by advancing the arts and sciences of heating, ventilation and air condition( also know as HVAC), put forth two statements regarding the link to COVID-19 and the HVAC systems. The two statements are (1) the transmission of SARS CoV-2 through the air is sufficiently likely that air born exposure to the virus should be controlled. Changes to building operations, including the operation of heating, ventilating and air conditioning systems (HVAC), can reduce airborne exposures. The second statement (2) is that ventilation and filtration provided by and HVAC systems can reduce airborne concentration and thus of SARS- COV-2 and thus transmission through the air. HVAC system that are older/not adapting to the high need for full operation of the HVAC system that is highly functioning. Systems in all locations are operating HVAC systems that exceed their projected lifespan by in excess of ten years depending on the location.

Area 2 -A need for capital assets to offset community need for which the organization doesn't have the resources to purchase.

Hope Villages does not have the resources due to economic hardship through the pandemic. There are several contributing factors in the reduction of resources - due to a high demand for food HVA dollars were needed to meet the needs of the community. The rate of increase rose by 50% or greater post pandemic. In the Affordable Housing category, the division experience a high demand for services - both in the shelter and for rent and utility assistance forcing HVA to seek reserves to again support the growing needs of the community.

#### Area 3 - Inflationary Pressures

Florida data reflects a 15.8% rise in electric bills post pandemic. The total cost of electricity for the three campuses which are in need of new HVAC systems averages \$48,000 per month- the largest costs from the Food Bank and The Oaks. Data supports that the installation of the new HVAC systems can reduce the costs of electricity by \$14,000 annually allowing more dollars to offset the increased Food Bank utilization since the onset of the pandemic.

Finally, the agency experienced loss in traditional streams of fund raising due to cancellation of special events and donors impacted by costs related to the pandemic.

### **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.

The following documents the funding received for pandemic relief by funding source, purpose, amount and year received -(1) City of Largo Safety Net Grant used to supplant loss of revenue due to cancellation of special event in the amount of \$25,000(2022), (2) Pinellas Community Foundation Small Capital Grant to replace kitchen appliances on three campuses - Grace House (The Oaks), Goldsmith Gardens campus and the Food Bank (2022), (3) City of St. Pete for the Mobile Food Pantry in the amount of \$88,302 (2021), (4) CARES Act funding supporting the mobile food pantry in the amount of \$108,649, (5) Pinellas Community Foundation for temporary staff at the Food Bank in the amount of \$8,553 and (6) Paycheck Protection Program at \$382,200. None of these programs would fund capital needs.

### **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.

The organization will use the dollars to purchase high functioning HVAC systems that will deter the spread of the virus at Goldsmith Gardens, The Oaks (formerly Grace House) and the Food Bank. All sites HVAC system have exceeded their recommended lifespan - each have exceeded this lifespan by 10 years or more.

The life span of an HVAC system is 15-20 years.

The new HVAC will reduce the spread of the virus in the designated locations AND due to cost efficiencies created by the new HCAV the new system will offset the costs incurred due to the pandemic which include additional purchasing of food and use of dollars for rental and utility assistance. The rising costs of electricity post pandemic have increased by approximately 15% -data supports the new HVAC system will reduce the electricity costs by 30%, this will realize a reduction in the annual cost of electricity by \$14,400 per month or

\$172,800 annually. These dollars may be used to support more distribution of food to meet the demand post pandemic.

#### **Number Served**

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

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

90000

### **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.

Duplicated

### 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.

[Unanswered]

#### 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.

The clients served by the organization are 16% Black and 17% Hispanic exceeding the demographics of the county which is comprised of 9.98% black and 10.6% Hispanic. The highest percent of the population served by age is the elderly at 34% and the disabled represent approximately 10% of the population served. The programs serve a higher amount of persons of color proportionate to the population served. The Food Bank distributes food throughout 80 plus Food Pantries located in Qualified Track Zones. Moreover the mobile food pantry provides food to communities of color that are food insecure. The affordable housing campus, The Oaks, is located in Qualified Track Zones as well.

### 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.

HVAC manufacturers are constantly updating their technology that goes into their equipment. Because the systems currently are 10-20 years old (depending on the site) there are 6 significant benefits, they are (1) greater efficiency of the HVAC equals lower energy costs and lower environmental impact - the HVAC system can reduce the cost of energy by 30%. (2) consistent heating and cooling - this keeps the temperature even for the volunteers working in the Food Bank, (3) improved air flow, (4) better air quality - better airflow means better air quality which relieves the symptoms of respiratory ailments such as COVID, (5) quieter operation lending itself to a better experience for the volunteer, and (6) smart controls that allow you to program the system to maximum energy efficiency while you are away therefore, when the food bank is closed cost savings will be realized. Because a portion of the dollars are going to the food bank, it is critical to understand that if a HVAC system is not working and there is too much humidity in the air it may result in premature expiration of the food. The purchase on the HVAC system will reduce the annual cost of the electric bill by 30% or \$172,800 annually. This cost saving may be used to support increased distribution of food to meet the rising rate of food demand post pandemic. Moreover, the dollars can be invested in supporting families to sustain their current housing or receive assistance in securing new housing. Over the last two years, HVA has expended approximately \$15,000 on HVAC repairs, over time repairs will only become more frequent and costly. Replacing the units will save the organization over \$100,000 over the life of the new equipment in repair costs.

#### 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.

The Florida Building Code requires licensed HVAC contractors to obtain a building permit to install, remove or replace an air conditioning system. This permit ensures the that the system is installed correctly, circulated good indoor air quality and is efficient (along with other specs). The license will require 24 hours to receive.

### 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. If you have any narrative to accompany the plan set, you may write it below.

#### PDF files are permitted.

There are no building modifications required to install the HVAC systems.

### 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.

To ensure the best quality and cost efficient product, three different vendors will be utilized for each property. The grant submission will detail each property. The timelines were completed in collaboration with each of the vendors.

The Oaks - Capital Appliances and Services

Upon receipt of the grant, the project can begin within in 90 days- several components of the HVAC system will be ordered and require 60-90 days to arrive. The project will take approximately two weeks to complete. The permit can be obtained one day.

Goldsmith Gardens - Jenergy

Upon receipt of the grants, equipment can be ordered and the project can begin in 90 days. The project will be done in one week. Permits can be obtained in one day.

Food Bank - Pelican Aire

Upon receipt of the grant, the project can begin within in 90 days- several components of the HVAC system will be ordered and require 60-90 days to arrive. The project will take approximately two weeks to complete. The permit can be obtained one day.

### 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 Lead is Melinda Perry, Interim President and CEO. Melvin Thomas, Senior VP of Operations, will provide direct support to Ms. Perry.
- 2. Melinda Perry is the Interim President & CEO, who has been with the organization for almost 6 years. Melvin Thomas is the Senior VP of Operations, who has been with the organization for 5 years.
- 3. Mr. Thomas will be the point of contact for the contractors who will work with them on scheduling, notification of tenants/staff, and onsite support. Ms. Perry will hold a preconstruction conference with the contractors, perform routine site visits, review all pay requests, and inspect the work.
- 4. During Ms. Perry's tenure at the St. Petersburg Housing Authority as the Chief Operating Officer, she oversaw the procurement and completion of many major construction projects. As a government organization monitored by the US Department of Housing and Urban Development, federal procurement guidelines were followed and audited by an external auditor. Throughout her tenure, the organization received 0 audit findings and was rated a High Performer by HUD. Specifically, Ms. Perry oversaw the HVAC replacements at four apartment communities, totaling 95 units and hundreds of thousands of dollars. Work included approval of procurement documents, approval of bids, communication with the architect, routine site visits, communication with the contractors, and approval of payments. During Mr. Thomas' tenure at FedEx (formerly Watkins Motor Lines) as a Line Haul Manager he assisted in overseeing the new construction of the break bulk terminal in Windsor Locks, CT. This included coordinating the installation of 24 commercial grade HVAC systems for 3 buildings on the 30 acre property. Work included communicating with project manager, trades, and inspectors to ensure work was scheduled for all trades, permits were in place, and inspections completed. Reviewed punch lists to ensure scope and quality of work was completed to specified standards and guidelines. During his 5 years of managing the location it received perfect audits all 5 years, and 4 years accident free.

## **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.

Seminole Pinellas Park

St Pete Beach

Tierra Verde

St. Petersburg

Keyboard shortcuts Map data ©2022 Google, INEGI Terms of Use

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

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. Go Florida Pinellas Enter an Address, city, state or tract Map Options : Clear | Reset | Full Screen LIHTC Project 2022 Qualified Census Tracts QCT Legend: Tract Outline SADDA Legend: - FMR Boundary 2022 Small DDA Non Metro DDA Hide the overview The 2022 Qualified Census Tracts (QCTs) and Difficult Development Areas (DDAs) are effective January 1, 2022. The 2022 designations use data from the 2010 Decennial of designation methodology is explained in the federal Register notice published September 9, 2021 **Map Options Jasmine Estates** (589) 10 Current Zoom Level Map Satellite Port Richey (41) Show Difficult Development Areas (Zoom 7+) New Port ✓ Color QCT Qualified Tracts (Zoom 7+) Land O' Lakes Show Tracts Outline (Zoom 11+) Holiday (54) Odessa Show FMR Outlines (Zoom 4+) Tarpon Lutz Springs Show LIHTC Projects (Zoom 11+) (568) [19] Click here for full screen map Palm Harbor Citrus/Park (586) **Select Year** Temp Oldsmar Dunedin 2022 Country O 2021 Clearwater Tampa

Google

Apollo Bead

### **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.

503 South Martin Luther King Avenue

### **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.

(1)1152 South Myrtle Avenue, Clearwater 33756. (2) Goldsmith Gardens-1520 Saturn Ave, Clearwater 33755 and (3)Food Bank 700 Druid Ave, Clearwater 33756

### **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.

Both the Food Bank and the The Oaks property are located in the QCT areas. Over 75 percent of the Food Pantries and Mobile Food Pantry sites are located in the Qualified Census Tracks with efforts in place through grant funding to expand through the addition of sites (located in QCT).

#### **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 organization has authentic representation in the community in multiple ways - The Executive Team is 50% black, the Senior Vice President is black and the Board is 36% black. The programs which require the HVAC system serve 19% of the black - the Executive Team, Senior Leadership and the Board are representative of the population served.

The organization has a large number of partners through the Food Bank including 80 smaller food pantries throughout the county, Boys and Girls Club (8 sites), local businesses (BIZCO, Baycare, Health Systems, as an example), the Affordable Housing Division partners with HUD, United Way and Duke Energy). Publix provided support to both housing and the Food Bank). The Abuse Services division partners with local businesses. law enforcement is all jurisdictions, the State Attorney, Public Defender and the Circuit Court.

### **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** 

### 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

**BIPOC** 

### **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** 

### Financial Overview

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)]. <u>Please ensure there is a date noted on the bid or some annotation as to when you obtained these estimates/bids.</u>

- 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.

Bids The Oaks.pdf

### Bid/Estimate #2

PDF files are accepted.

Food Bank.pdf

### Bid/Estimate #3

PDF files are accepted.

Goldsmith Gardens.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.

The organization led a Three Bid Process - specifically Hope Villages of America collects three estimates/bids who compete with each other for the HVAC replacement. The three bids are attached. Ms. Melinda Perry selected the vendor based on both price and delivery of a quality product. The organization has not executed a contract, however has selected the vendor for the services through the initial Three Bid Process - following selection, contact was made to determine if there was a price variance since the estimate. The price variance will be incurred through Clearwater CDBG dollars and foundation dollars. The selected bidders were based on lowest price but also highest quality/efficiency. This represents the final bids chosen are—The Oaks/Capital Appliance - \$109,100, Goldsmith Gardens/Jenergy - \$89,709 and Food Bank/Pelican Aire - \$99,020 =\$287,749. The request was placed for \$248,259. The budget reflects this request however documents that Hope Villages will incur the additional costs through grant and foundation funding. Initially, HVA indicated that the dollar amount needed would not exceed the \$248,259 however due to rising costs of equipment and changes in regulatory code, the cost has increased. HVA will incur the additional expenses and the ask of \$248,259 remains the same.

### **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)

No

### 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 below.

### **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.

Budget Large Project.xlsx

Costs increased since the time of the LOI, as many contractors only guarantee pricing for a maximum of 30 days, especially in this market. Additionally 20% was included for contingencies, as well as 4.7% of the grant award for administration. Administration includes the hours of staff time that will be required to meet with the vendors, walk the site, inspect the work, process the invoice, report on the grant, and more. The Large Project grant funds will be used to cover to cost of the HVAC and portion of the installation -the remainder of the expenses will be covered by match dollars. The budget template provided was put into Excel and edited to meet the needs of this grant. The tables were deleted that do not apply to the categories of funding.

### 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.

The organization is pursuing multiple foundation grant to provide unrestricted dollars to offset the cost of the HVAC - the Spurlino, Sierra and Walker Foundations. HVA will also pursue City of Clearwater CDBG Facilities funds to offset the cost for the Food Bank units.

### 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.

The projects will not increase the operating costs as Hope Villages is currently incurring the cost. The operating costs will decrease due to efficiencies the new HVAC systems will provide. Data supports a 30% reduction in electric costs annually due to the replacement of the HVAC - this will result in a \$14,400 savings monthly and an annual savings of \$172,800. Further, over the last two years, HVA has expended about \$15,000 on HVAC repairs, and as time goes on, repairs will only become more frequent and costly. Replacing the units will save the organization over \$100,000 over the life of the new equipment in repair costs.

### 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.

The organization is staffed with a Chief Financial Officer, Director of Finance and a Finance and Accounting Specialist. The organization contracts with PDR to conduct the annual audit - the past three years have put forth clean audits. The organization manages grants including a federal grant (VOCA) at \$600,000, and accounts for an in-kind budget of over 8M and over 1M dollars in fundraising activities. HVA adheres to their financial policies and demonstrates clear separation of powers when recording incoming funds. In addition, the organization has reserves covering three months of operating costs. The Board of Directors review the financials at each meeting and operates a Board Finance Committee which reviews specifics of the budget, expenditures and audit.

### 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"

The Juvenile Welfare Board of Pinellas County placed Hope Villages of America's program referred to as Grace House on a Corrective Action Plan. The Corrective Action was complied with - the funder however left the CAP active in order to ensure the organization received an audit with no findings. After the CAP was substantially complied with JWB visited the program and raised multiple issues resulting in the termination of the contract. Following the termination of the contract -

Grace House was transitioned into The Oaks, an affordable housing campus, that no longer provides shelter services.

The organization has received consecutive audits with no findings.

JWB continued to fund The Haven that provides domestic violence shelter and outreach services, thus demonstrating JWB continues to fund with Hope Villages of America.

Since the termination of the program, JWB has awarded Hope Villages of America for a capital grant.

# Organization Documentation

### **Organization Budget\***

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

FY23 Budget\_Approved.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.

Board List 2023.xlsx

### 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.

2020 Hope Villages of America Inc. Form 990.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.

HVA Audited Financails.pdf

### Insurance

### **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.

Certificate of Insurance 2023.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**

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

### Additional Information

### **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

### Applicant File Uploads

- Bids The Oaks.pdf
- Food Bank.pdf
- Goldsmith Gardens.pdf
- Budget Large Project.xlsx
- FY23 Budget\_Approved.pdf
- Board List 2023.xlsx
- 2020 Hope Villages of America Inc. Form 990.pdf
- HVA Audited Financails.pdf
- Certificate of Insurance 2023.pdf



# Quote Detail – Grace House/The Oaks Hope Villages of America's – Large Project Grant

To: Grant Reviewer, Large Project Grant

From: Judith Warren, Hope Villages of America

Date: January 17, 2023

The purpose of this memo is to provide an overview of the bids received for Grace House now referred to as The Oaks.

There are a total of 3 bids attached. Below details each bid.

<u>Capital Appliances and Services</u> -\$109,100 (includes 3 Ton, 3.5 Ton and 2.5 Ton Heat Pumps in est.)

lerna - \$121,780 (includes 2.5 and 3 Ton Heat Pumps in est.)

<u>Jenergy</u> – See Table (includes 3 Ton, 3.5 Ton and 2.5 Ton Heat Pumps)

Item	Price 1	Price 2
14 AC units	\$59,251 for 12	\$91,406 for 12
*Cost Built on 12 Est Adjusted	*adjusted to 14- \$69,192	*adjusted \$106,640
3 Ton Heat Pump	\$6,659	\$8,468
3.5 Ton Heat Pump	\$6,659	\$8,765
2.5 Ton Heat Pump	\$6,366	\$8,182
Total	\$88,876	\$132,055

Chose bidder is <u>Capital Appliances</u> based on experience in installation, quality of product and cost range.

# **QUOTE**

**RCS Hope Villages of America.org** 

Socate ) 1312

Date Sep 7, 2022

Oct 6, 2022

AC, Inc.

Capital Appliance Service &

P.O. Box 7054 **SEMINOLE FL 33775** 

**Expiry** 

**Capital Appliance** 628012052603

<b>Quote Number</b> QU-0090	USA
Reference Grace House	

Description	Quantity	Unit Price	Tax	Amount USD
Estimate to install New 2 ton 16 seer Bryant Gas system in Apts 101-106 & 201-208 Models 116BNA024000/ 800SA36045E14/ CNPVP2414ALA	14.00	6,400.00	Non-taxable	89,600.00
Estimate to install new 3 ton 16 seer Heat pump Bryant split system (attic install) 214DNA036P00 / FB4CNP036L00 (OFFICE UNIT)	1.00	6,500.00	Non-taxable	6,500.00
Estimate to install new 3.5 ton 16 seer heat pump split system (Vertical install) 214DNA042P00/FB4CNP042L00 (CLC unit)	1.00	6,700.00	Non-taxable	6,700.00
Estimate to install new 2.5 ton 16 seer heat pump split system (Vertical Install) 214DNA0300P00 / FB4CNP030L00 (RAINBOW ROOM)	1.00	6,300.00	Non-taxable	6,300.00
			Subtotal	109,100.00
	X		TOTAL USD	109,100.00

τ		
	-	

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# **Proposal**

Prepared: 09/08/2022 Effective thru: 10/08/2022

**Owner: Jennifer Reynolds** work: (727) 595-5366 Jen@jenergyreynolds.com

JENNIFER REYNOLDS

FL: CAC1813572

### Comfort Plan prepared for: Hope Villages Grace House

1552 S. Myrtle Avenue Clearwater, FL, 33756

Thank you for discussing your home comfort needs with me, and allowing Jenergy Air Services to present options for your new home comfort system.

See the system choice(s) we're proposing for you below. Your price(s) include all installation materials and labor. When you would like to move forward with one of these options, please contact me to schedule your installation.

- · Each option is on it's own page
- Standard Services is everything included with your Installation
- · Warranty information is included under each option

After viewing your proposal, please contact us at Jenergy Air Services with any questions you may have, or to place your order.

### Proposal: 2 Ton American Standard Split Gas 80

Condenser - 12 Units  Furnace  A-Series Model A801X040AM3SA*	meristar		AHRI System Effic	eiency Rating - 206800209 AHRI /	14.5 SEER / 12.2 EER
Furnace  Model A801X040AM3SA*  Evaporator  Standard Model Model	Co	ondenser			14 SEER Air Conditioner
Evaporator	<b>F</b> u	urnace		Model	Ameristar 80% Furnace
4MXCA003AC6HCA - 12 Units	2000000	-		Model 4MXCA003AC6HCA - 12	Cased Evaporator Coil



**Thermostat** 



FocusPRO 5000

Model TH5220D1003/U -12 Units

Standard Screen Nonprogrammable

#### Services

1 year labor warranty Meet all federal, state & local laws Meet all code requirements 1 Year Maintenance Agreement "Cool Club" membership

#### Warranties

#### **Air Conditioner**

Base Limited Warranty Period: Compressor, Outdoor Coil, Parts - five (5) years, Registered Limited Warranty Period: Compressor, Outdoor Coil, Parts - ten (10) years.

#### **Furnace**

Base Limited Warranty Period: Parts - five (5) years, Heat Exchanger - twenty (20) years, Registered Limited Warranty Period: Parts - ten (10) years, Heat Exchanger - twenty (20) years.

#### Control

**Five Year Limited Warranty** 

System Price \$62,370 Discounts Multi unit discount \$3,119 Your Price \$59,251 Approx. Monthly \$3,292

Your Final Cost is an estimate. Homeowner must file for rebates and credits, and additional conditions may apply. Individual rebates and credits may not apply in your particular case.

#### Silver Economy

### AHRI System Efficiency Rating - 202452924 AHRI / 15.0 SEER / 12.5 EER



Condenser



Silver 14 Model 4A7A4024L1000\*

AC

- 12 Units



**Furnace** 



S-Series

Model S8X1B040M2PSA\* - 12

Units

80% Single Stage, ECM Motor Furnace - Upflow/ Horizontal Left/Right,

14 SEER Single Stage

Downflow



Evaporator Coil



Model 4TXCB003DS3HC\* - 12 Aluminum Multi-Position

Standard Screen Non-

Units



Thermostat



FocusPRO 5000 Model TH5220D1003/U -

12 Units

)1003/U - programmable

#### Services

1 year labor warranty
Meet all federal, state & local laws
Meet all code requirements
1 Year Maintenance Agreement "Cool
Club" membership

#### **Warranties**

#### **Air Conditioner**

2022 - Base Limited Warranty Period: Compressor, Outdoor Coil, Parts – five (5) years, 2022 - Registered Limited Warranty Period: Compressor, Outdoor Coil, Parts – ten (10) years

#### **Furnace**

2022 - Base Ltd Warranty: Compressor, Coils, Parts 5 yrs; Heat Exchanger 20 yrs, 2022 - Registered Limited Warranty Period: Parts – ten (10) years, Heat Exchanger – twenty (20) years

#### Control

Five Year Limited Warranty

System Price \$96,217
Discounts

Multi unit discount

\$4,811

Your Price

\$91,406

Approx. Monthly

\$5,078

Your Final Cost is an estimate. Homeowner must file for rebates and credits, and additional conditions may apply. Individual rebates and credits may not apply in your particular case.

### Proposal: 3 Ton American Standard Split Heat Pump

Silver Economy

AHRI System Efficiency Rating - 201763922 AHRI / 14.0 SEER / 11.5 EER / 8.2 HSPF

	Heat Pump		<i>Silver 14</i> Model 4A6H4036G1000A	14 SEER Single Stage Heat Pump
	Air Handler	-	<i>Silver</i> Model TEM4A0B36S31S*	PSC Air Handler
	Heat Strip	no - seale cours forces Candid or - a part of the seale	Model BAYHTR1505LUG*	Heat Strips for TEM Air Handlers; with LUGs.
12'	Thermostat		FocusPRO 5000 Model TH5220D1003/U	Standard Screen Non- programmable
Club" memb Meet all fede	enance Agreement		Coil, Parts – five (5) years, 2 Warranty Period: Compress years  Air Handler 2022 - Base Limited Warran	or, Outdoor Coil, Parts – ten (10)  ty Period: Indoor Coil and Parts – ered Limited Warranty Period:
			System Price Discounts Multiple System Discount Your Price Approx. Monthly	\$8,914 \$446 \$8,468 \$470

Your Final Cost is an estimate. Homeowner must file for rebates and credits, and additional conditions may apply. Individual rebates and credits may not apply in your particular case.

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#### Ameristar

### AHRI System Efficiency Rating - 201753524 AHRI / 14.0 SEER / 12.0 EER / 8.5 HSPF

_
-
8 31

Heat Pump



Standard Model

M4HP4036B1000A

Ameristar 14 SEER Heat

Pump



Air Handler



*Standard* Model

M4AH4P36B1B00\*

14 SEER PSC Air

Handler



**Heat Strip** 



Model

BAYHTR1V05LUGAA

Supplemental Electric

Heaters



**Thermostat** 



FocusPRO 5000 Model TH5220D1003/U Standard Screen Nonprogrammable

#### Services

- 1 year labor warranty
- 1 Year Maintenance Agreement "Cool Club" membership Meet all federal, state & local laws

Meet all federal, state & local laws Meet all code requirements

#### Warranties

#### **Heat Pump**

5 Year Base Limited Warranty, 10 Year Registered Limited Warranty

#### Air Handler

10 Year Registered Limited Warranty, 5 Year Base Limited Warranty

#### Control

Five Year Limited Warranty

System Price \$7,010
Discounts
Multiple System \$351
Discount

Your Price \$6,659

Approx. Monthly \$370

Your Final Cost is an estimate. Homeowner must file for rebates and credits, and additional conditions may apply. Individual rebates and credits may not apply in your particular case.

### Proposal: 3.5 Ton American Standard Split Heat Pump

### Silver Economy

### AHRI System Efficiency Rating - 8908623 AHRI / 14.0 SEER / 11.5 EER / 8.5 HSPF

	200	

Heat Pump



Silver 14

Model

4A6H4042G1000A

14 SEER Single Stage

**Heat Pump** 



Air Handler



Silver

Model

TEM4A0C42S41S\*

**PSC Air Handler** 



**Heat Strip** 



Model

BAYHTR1505LUG\*

Heat Strips for TEM Air Handlers; with LUGs.



**Thermostat** 



FocusPRO 5000

Model TH5220D1003/U

Standard Screen Nonprogrammable

#### Services

- 1 year labor warranty
- 1 Year Maintenance Agreement "Cool Club" membership Meet all federal, state & local laws

Meet all code requirements

#### Warranties

#### **Heat Pump**

2022 - Base Limited Warranty Period: Compressor, Outdoor Coil, Parts - five (5) years, 2022 - Registered Limited Warranty Period: Compressor, Outdoor Coil, Parts – ten (10) vears

#### Air Handler

2022 - Base Limited Warranty Period: Indoor Coil and Parts five (5) years, 2022 - Registered Limited Warranty Period: Indoor Coil and Parts - ten (10) years

#### Control

Five Year Limited Warranty

System Price

\$9,226

**Discounts** 

\$461

Multiple System Discount

\$8,765

Your Price

Approx. Monthly

\$487

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Your Final Cost is an estimate. Homeowner must file for rebates and credits, and additional conditions may apply. Individual rebates and credits may not apply in your particular case.

#### Ameristar

### AHRI System Efficiency Rating - 201753525 AHRI / 14.0 SEER / 11.5 EER / 8.5 HSPF

	Heat Pump	W	Standard Model M4HP4042B1000A	Ameristar 14 SEER Heat Pump
	Air Handler		<i>Standard</i> Model M4AH4P44B1C00*	14 SEER PSC Air Handler
	Heat Strip	AMERISTAR	Model BAYHTR1V05LUGAA	Supplemental Electric Heaters
15.	Thermostat	E.E.	FocusPRO 5000 Model TH5220D1003/U	Standard Screen Non- programmable

#### Services

- 1 year labor warranty
- 1 Year Maintenance Agreement "Cool Club" membership Meet all federal, state & local laws Meet all code requirements

#### **Warranties**

#### **Heat Pump**

5 Year Base Limited Warranty, 10 Year Registered Limited Warranty

#### Air Handler

10 Year Registered Limited Warranty, 5 Year Base Limited Warranty

#### Control

Five Year Limited Warranty

\$7,212	System Price
	Discounts
\$361	Multiple System
	Discount
\$6,851	Your Price
	Access Advertis
\$381	Approx. Monthly

Your Final Cost is an estimate. Homeowner must file for rebates and credits, and additional conditions may apply. Individual rebates and credits may not apply in your particular case.

### Proposal: 2.5 Ton American Standard Split Heat Pump

Silver	Econ	OPNI

1 Year Maintenance Agreement "Cool

Meet all federal, state & local laws

Meet all code requirements

Club" membership

### AHRI System Efficiency Rating - 8908622 AHRI / 14.0 SEER / 11.5 EER / 8.5 HSPF

	Heat Pump		<b>Silver 14</b> Model 4A6H4030G1000A	14 SEER Single Stage Heat Pump
	Air Handler		<i>Sliver</i> Model TEM4A0B30S31S*	PSC Air Handler
	Heat Strip	an to the state of	Model BAYHTR1505LUG*	Heat Strips for TEM Air Handlers; with LUGs.
¥	Thermostat	1 to	FocusPRO 5000 Model TH5220D1003/U	Standard Screen Non- programmable
Services			Warranties	
year labor warranty			Heat Pump	

**Hope Villages Grace House** 

2022 - Base Limited Warranty Period: Compressor, Outdoor Coil, Parts - five (5) years, 2022 - Registered Limited

Warranty Period: Compressor, Outdoor Coil, Parts – ten (10)

years

### Air Handler

2022 - Base Limited Warranty Period: Indoor Coil and Parts five (5) years, 2022 - Registered Limited Warranty Period: Indoor Coil and Parts - ten (10) years

#### Control

Five Year Limited Warranty

System Price \$8,613 **Discounts** Multiple System \$431 Discount Your Price \$8,182 \$455 Approx. Monthly

Your Final Cost is an estimate. Homeowner must file for rebates and credits, and additional conditions may apply. Individual rebates and credits may not apply in your particular case.

#### Ameristar

### AHRI System Efficiency Rating - 201753523 AHRI / 14.0 SEER / 12.0 EER / 8.5 HSPF

Services			Warranties	
12	Thermostat	<b>22</b> ;	FocusPRO 5000 Model TH5220D1003/U	Standard Screen Non- programmable
The state of the s	Heat Strip	AMERITAT	Model BAYHTR1V05LUGAA	Supplemental Electric Heaters
	Air Handler		<i>Standard</i> Model M4AH4P32B1B00*	14 SEER PSC Air Handler
	Heat Pump		<i>Standard</i> Model M4HP4030B1000A	Ameristar 14 SEER Heat Pump

**Heat Pump** 1 year labor warranty

5 Year Base Limited Warranty, Hore Vingiste Grace House

1 Year Maintenance Agreement "Cool Club" membership Meet all federal, state & local laws Meet all code requirements Warranty

#### Air Handler

10 Year Registered Limited Warranty, 5 Year Base Limited Warranty

#### Control

Five Year Limited Warranty

Approx. Monthly

System Price \$6,701
Discounts
Multiple System \$335
Discount
Your Price \$6,366

\$354

Your Final Cost is an estimate. Homeowner must file for rebates and credits, and additional conditions may apply. Individual rebates and credits may not apply in your particular case.

#### **About Us**

#### **About Jenergy Air Services**

Jenergy Air Services specializes in central cooling and heating systems, ductless or mini split systems and heat pumps manufactured by the best brands in the industry. We provide craftsman level installation, repairs and preventative maintenance service. Our indoor comfort specialists work to maximize your investment through precision diagnostics and routine equipment tune-ups. As a Jenergy Air cool club member, your comfort is just as important to us as it is to you!

License Number: CAC1813572

#### Indoor Air Quality

While duct cleaning is important to improving your indoor air quality, many Pinellas County homeowners require specialized purification and filtration equipment to restore the quality of the air inside your home and aid in removing harmful airborne contaminants that exist in many indoor air environments. At Jenergy Air Services, our expert team designs and installs whole-home air cleaners, air purifiers, UV light systems and air filtration systems that help you to breathe easy—year round.

Hope Villages Grace House

# Proposal Prepared By:



Keith Simmons
Comfort Advisor
18843 US Hwy 41 N.
Lutz, FL 33549
Tel: 8139814648
keiths@iernaair.com
www.iernaair.com

# **Prepared For**

Hope Villages 1552 S Myrtle Ave Clearwater, FL 33756 Tel: 727-466-7849

Melinda.perry@hopevillagesofamerica.org







### 3 TON HEAT PUMP

Total Payment Due Upon Completion

\$165/MO\*

\$8,302

with approved credit

### MODELS

### **Bryant** 214DNA036P00

- -Legacy Line
- -Single-Stage
- Heat Pump
- -10 year parts limited to original purchaser upon timely registration -Otherwise 5 years (Applies to

residential installation only)

### **Bryant** FB4CNF036L00

- -Legacy Line
- -Single Speed - Air Handler

### **Bryant** CE0501N05T -Auxiliary Heater

### Honeywell TH6210U2001

- -T6 Pro
- -Programmable Thermostat 2h/1C 5-1-1

### Net investment after rebates

\$8,302

**Financing Details:** Min 2% minimum payment 6.99% APR Payment based on 60 Mos

### **AHRI Matchup:**

AHRI #: 204836119 Cooling Capacity: 33200 Heating Capacity: 34400

**SEER: 14 EER: 11.5 HSPF: 8.2** 







### 2.5 TON HEAT **PUMP**

Total Payment Due Upon Completion

\$138/MO\*

\$6,921









**14 GAS SYSTEMS** 

Total Payment **Due Upon Completion** 

\$106,557

### MODELS

### Bryant 214DNA030000

- -Legacy Line
- -Single-Stage
- Heat Pump
- -10 year parts limited to original purchaser upon timely
- -Otherwise 5 years (Applies to residential installation

### Bryant FB4CNF030L00

- -Legacy Line
- -Single Speed
- Air Handler

### **Bryant CE0501N05T** -Auxiliary Heater

### Honeywell TH6210U2001

- -Programmable Thermostat 2h/1C 5-1-1

### Net investment after rebates

\$6,921

### AHRI Matchup:

AHRI #: 204836196 Cooling Capacity: 28600 Heating Capacity: 28600

**SEER: 14 EER: 11.5 HSPF: 8.2** 

### 14 Systems Quoted

### MODELS

### Bryant 114CNA024000

- -Legacy Line
- -Single-Stage
- -Air Conditioner
- -10 year parts limited to original purchaser upon timely registration
- -Otherwise 5 years (Applies to residential installation

### **Bryant CNPHP2417ALA**

- Evaporator Coil
- -10 year parts limited to original purchaser upon timely registration
- -Otherwise 5 years (Applies to residential installation

### Bryant 800SA36045E14

- -Legacy Series
- -80% AFUE
- -Single-Stage
- Gas Furnace
- -10 Yrs Parts
- -Registered within 90 Days
- -Original Owner
- -20 Years or Heat Exchanger

### Honeywell TH6210U2001

- -Programmable Thermostat 2h/1C 5-1-1

### Net investment after rebates

\$106,557

### **AHRI Matchup:**

AHRI #: 203016549 AHRI #: 203359611 Unit 3: 800SA36045E14 Cooling Capacity: 22800

Heating Capacity (MBTUH): 36 **SEER: 15** 

EER: 12.5

### lema Heating & Cooling, Inc.

### INCLUDED SERVICES:

- 5 YEAR WARRANTY ON PARTS/COMPRESSOR
- · Manual J Heat Load Calculation
- · Sealing of the duct work with fibrous mastic
- · New Electrical Whip to Condenser
- Flush and tie into existing copper refrigerant line set
- Add/Remove refrigerant of proper operation
- · Tie into existing 24v electrical wiring

- · Permit and inspection
- · Tie into existing duct work
- · Clean and reuse existing supply and return plenums
- · New hurricane code condenser pad and anchor kit
- · New liquid line filter drier for refrigerant
- Tie into existing 220v electrical wiring
- · Disposal of equipment

### **AVAILABLE UPGRADES & OPTIONS**

To order your Upgrade(s) & Option(s), please click on the box



HEATING, C	COOLING & PLUMBING
UPGRADE 1 \$1,250.00  Available for: 3 TON HEAT PUMP, 2.5 TON HEAT PUMP, 14 GAS SYSTEMS  does not need the pollutants to travel to the air handler for UV treatment or filtration. The REME is proactive and uses oxygen to aggressively seek out and destroy pollutants at the source - in the air and on sources, before they can reach your family, clients or employees The RGFAir Knight's Phi Cell (Air Purifier) is installed inside of the ventilation system of your home or office building. The Phi Cell (short for Photohyrdolonization cell) uses light, water and oxygen to produce "Mothe hydro-peroxides. These cleaners circulate through your conditioned air space and kill airborne a mold, odors and VOCs before they can spread.	RGF REME A  r Nature's friendly cleaners" - and surface viruses, bacteria,
Choose Your Payment Option	
Credit Card	
Financing	
Check	
Cash	
Choose Your Equipment Option	
3 Ton Heat Pump 2.5 Ton Heat Pump 14 Gas Systems	

Terms and Conditions

To View the HVACopcost.com website - CLICK THIS LINK! HVAC Opcost.com is an independent website. The results of savings from one system to another may vary and lema's Heating and Air Conditioning cannot be held accountable for those same results. The results should be considered as a representation of expectations.

To view our website - CLICK THIS LINK!

To view testimonials about our products and services - CLICK THIS LINK!

To view IERNA's Google Reviews - CLICK THIS LINK!

To view IERNA's To Your Sucess Reviews - CLICK THIS LINK!

To review our Proof of Insurance - CLICK THIS LINK!

<sup>\*\*\*</sup> Consult your financial advisor for rebates.

### **TERMS & CONDITIONS OF AGREEMENT**

- 1. Purchaser hereby accepts the equipment and services described above and agrees to pay lerna's Heating and Cooling Inc the price shown above
- 2. All equipment and material are guaranteed by Terna's Heating and Cooling Inc to be as specified. All work will be completed in a workmanlike manner according to normally accepted practices.
- 3. Materials and work in addition to that described herein will be furnished only on Purchaser's authorization and will be paid by Purchaser as an extra charge.
- 4. Upon failure to pay any sums due hereunder, Purchaser agrees to pay lerna's Heating and Cooling Inc interest at the rate of one and one half percent (11/2%) per month (annual rate of 18%) on all outstanding balances.
- 5. Ierna's Heating and Cooling Inc shall not be liable for any default caused by events beyond its control, including but not limited to, fire, flood, strikes, accidents, or delays affecting this work or other operations in which it is involved, directly or indirectly.
- 6. Purchaser shall permit lema's Heating and Cooling Inc reasonable access to the property on which equipment is to be installed. Title to all provided equipment remains with lema's Heating and Cooling Inc until all amounts due thereon are paid in full, whether such equipment is affixed to the realty or not, and shall remain personal property and be deemed sever-able without injury to the freehold. On any payment default by Purchaser, or if in lema's Heating and Cooling Inc's judgment, reasonably exercised, its equity appears to be imperiled, then, lema's Heating and Cooling Inc may without further notice enter the premises and remove or resell the equipment, and Purchaser shall be liable for any deficiency or loss sustained by lema's Heating and Cooling Inc in connection therewith.
- 7. Once equipment is connected at Purchaser's property, Purchaser assumes all risk of loss or damage to such equipment and shall insure same fully to protect all interests of lerna's Heating and Cooling Inc, cost of insurance to be paid by Purchaser. Ierna's Heating and Cooling Inc carries liability insurance and Worker's Compensation Insurance.
- 8. Ierna's Heating and Cooling Inc provides a one-year limited labor warranty. Equipment or system failure due to lack of proper maintenance service or abuse is expressly excluded. Normal maintenance check-ups and filter replacements are the responsibility of Purchaser. All other warranties, expressed or implied, are the responsibility of the manufacturer of the equipment, parts, or materials used in connection with the services. 9. There are no warranties, expressed or implied, for existing equipment, ductwork, or other materials not installed by Ierna's Heating and Cooling Inc.
- 10. All warranty work will be performed during lema's Heating and Cooling Inc's normal working hour 7am to 1100 pm 7 days a week, parts subject to supply house availbility
- 11. Purchaser is responsible for all costs and reasonable attorney fees incurred by lerna's Heating and Cooling Inc in connection with any action or proceeding (including arbitration and appeals) arising out of this agreement, including collection of any outstanding amounts due, whether or not suit is filed.
- 12. Except as provided herein lema's Heating and Cooling Inc makes no other representations or warranties, either express or implied, including, but not limited to, any implied warranties of merchantability or fitness for a particular purpose lema's Heating and Cooling Inc expressly disclaims all other warranties. Iema's Heating and Cooling Inc's maximum liability hereunder shall consist of refunding all moneys paid to it by Purchaser hereunder subject to removal and return to Ierna's Heating and Cooling Inc of all equipment provided hereunder. Under no circumstances will Iema's Heating and Cooling Inc be liable to Purchaser or any other person for any damages, including, without limitation, any indirect, incidental, special, or consequential damages, expenses, cost, profits, lost savings or earnings, lost or corrupted data, or other liability arising out of or related to this agreement, or the services or equipment provided hereunder.
- 13. This agreement shall be governed and construed solely according to the internal laws of the State of Florida, without reference to any
- 14. This agreement is the complete and exclusive statement of the agreement between Purchaser and lema's Heating and Cooling Inc and it supersedes all prior oral and written proposals and any prior or subsequent communications pertaining to the subject matter hereof.

  NOTICE OF RIGHT TO CANCEL By signing this document you the customer are aware and agree to all disclaimers above. You as the customer have the right to cancel any and all service(s) within 3 days of signing this contract. All sales are final. If you choose to cancel the transaction please notify us in writing at the business address referenced above. Iema's Heating, Cooling & Plumbing reserves the right to file property liens if payment(s) are not received.

Signature of Authorized Purchaser:
Date
Payment to be made as follows: Balance on completion lerna's Heating and Cooling Inc proposes hereby to furnish and install the equipment and materials as described above on the terms and conditions provided herein. This proposal is good for thirty (30) days from the date hereof, but may be accepted at any later date at the sole discretion of lerna's Heating and Cooling Inc.
Signature of Authorized
Representative of Ierna's Heating and Cooling Inc:
Date
2.0 Ton Bryant Straight Cool with Furnace • Date Created: 09-06-2022



### **Approve Your Proposal**

Print your name		
Draw your signature.		
		Clear

I accept the terms of this agreement.



### Quote Detail — Food Bank Hope Villages of America's — Large Project Grant

To: Grant Reviewer, Large Project Grant

From: Judith Warren, Hope Villages of America

Date: January 17, 2023

The purpose of this memo is to provide an overview of the bids received for the Food Bank.

There are a total of 3 bids attached. Below details each bid.

Graham - \$81,165

Jenergy – 4 X \$8,664 = \$34,656 (5 Ton Carrier) + \$35,292 (2 10 Ton) = TOTAL \$69,984

Pelican Aire - \$99,020

Based on the quality of the product, history of vendor of installation and price, Pelican Aire is chosen for the vendor.

### Lic CMC1250903

7381 114th Ave Suite 401B Largo, FL 33773



### **PROPOSAL**

Presented to:

**RCS Food Pantry Melvin** 

700 Druid Rd

Clearwater, FL 33756

job # 113540 job Name Wants quotes Proposal # P-117540 \* Technician Issue Date

Matt Schon Sep 08 2022

**Customer Contact:** 

H: 7274434031

M: 7277715158

E: Melvin.thomas@hopevillagesofamerica.org

**Location Address:** 

700 Druid Rd Clearwater, FL 33756

Your Price: \$81,165.00

Description	Qty	Savings	Price
Carrier 10 ton 3 phase	1		\$0.00
[GPC14 A/C Goodman 60] 3 phase Carrier 10 ton package unit The 14 Series 5-ton a/c package unit comes with a 1 year part warranty from Carrier A 1-year Graham warranty. Up to 5 yr Graham warranty as long as the comfort club service plan is continually maintained through us. Heat strip kit included			
\$18,138 each x2 = \$36,276.00			
Carrier 5 ton 3 phase split	1		\$0.00
[Amana ASX14 with ARUF 60] 3 phase Carrier AC with airhandlers installed. The 14 series 5-ton a/c comes with a 1-year part warranty 1-year compressor warranty. A 1-year Graham warranty. Up to 10 yr Graham warranty as long as the comfort club service plan is continually maintained through us. Heat strip kits included			
\$13477.00 x 4 = \$53908.00			
Discount pricing 10%	1	\$9,018.33	\$81,165.00
OTHER] \$90,184.00 10% off = 81,165.00			
Thermostat	1		\$0.00
[AOR TSTAT] Labor and material to install thermostat and configure thermostat to match the equipment installed.			
All labor required	1		\$0.00
AOR LABOR] All labor required to remove the old equipment, install the new equipment, set up the new equipment, clean up the jobsite when done is included as needed			
Misc Furnace	1		\$0.00
[AOR MISC FURN] Electrical reconnect, permits as required,plenum modification as needed are all included. For gas furnaces, , flue pipe modification, gas line modification included as needed			
Misc. AC/HP	1		\$0.00
AOR MISC A/C] Electrical reconnect, plenum modification, lineset flushing (r11 Flush), new hurricane pad w/straps and new drain line from coll are all included as needed. PVC drain lines will be flushed			

Description	Qty	Savings	Price
Payment for install	1		\$0.00
[PAY1] Payment for install is due at the time of Install. Visa, Mastercard, Discover, Cash or Check all accepted.			
Or call Matt to make arrangements			
Thank you - Matt	1		\$0.00
[TY ESA - Matt] Thank you for your continued business and your membership in our Comfort Club service plan. We appreciate you and hope to continue to serve your HVAC needs			
Matt Schon - VP of Operations Graham Heating and Air conditioning Cell# 402-459-0294 Office# 727-449-2559			

Your Price \$81,165.00

**Review and Sign** 

Your Savings \$9,018.33

### **Customer Approval:**

 $\hfill\square$  I accept this proposal and agree to the terms and conditions.

Contact Us: (727) 449-2559 dmondello@grahamac.com www.grahamac.com

9/8/22, 3:15 PM Print proposal



Proposal

Prepared: 09/08/2022 Effective thru: 10/08/2022

John Walsh

john@jenergyair.com

JENNIFER REYNOLDS

FL: CAC1813572

700 Druid Rd

RCS

Clearwater, ,FL, 33756

Comfort Plan prepared for:

Thank you for discussing your home comfort needs with me, and allowing Jenergy Air Services to present options for your new home comfort system.

See the system choice(s) we're proposing for you below. Your price(s) include all installation materials and labor. When you would like to move forward with one of these options, please contact me to schedule your installation.

- · Each option is on it's own page
- Standard Services is everything included with your Installation
- Warranty information is included under each option

After viewing your proposal, please contact us at Jenergy Air Services with any questions you may have, or to place your order.

### **Proposal: 5 Ton American Standard Split Electric**

Silver Economy		AHRI System I	AHRI System Efficiency Rating - 7502938 AHRI / 14.0 SEER / 11.7 EER			
	Condenser		Silver 14 Model 4A7A4060L1000*	14 SEER Single Stage AC		
	Air Handler		<i>Silver</i> Model TEM4A0C60S51S*	PSC Air Handler		
	Heat Strip	ha France Antista Chadada,	Model BAYHTR1510LUG*	Heat Strips for TEM Air Handlers; with LUGs.		
12.	Thermostat	<b>13</b> ;	FocusPRO 5000	Standard Screen Non- programmable		

### Model TH5220D1003/U

### Services

Meet all federal, state & local laws Meet all code requirements 1 year labor warranty

1 Year Maintenance Agreement "Cool Club" membership

### **Warranties**

### **Air Conditioner**

2022 - Base Limited Warranty Period: Compressor, Outdoor Coil, Parts - five (5) years, 2022 - Registered Limited Warranty Period: Compressor, Outdoor Coil, Parts - ten (10) years

### Air Handler

2022 - Base Limited Warranty Period: Indoor Coil and Parts five (5) years, 2022 - Registered Limited Warranty Period: Indoor Coil and Parts - ten (10) years

### Control

**Five Year Limited Warranty** 

System Price \$9,120 **Discounts** Cool Club Customer \$456 Your Price \$8,664 \$722 Approx. Monthly

Your Final Cost is an estimate. Homeowner must file for rebates and credits, and additional conditions may apply. Individual rebates and credits may not apply in your particular case.

### **Proposal: 5 Ton American Standard Split Electric**

Silver Economy AHRI System Efficiency Rating - 7502938 AHRI / 14.0 SEER / 11.7 EER

Condenser



Silver 14 Model 4A7A4060L1000\* 14 SEER Single Stage

AC



Air Handler



Silver Model

TEM4A0C60S51S\*

**PSC Air Handler** 



**Heat Strip** 



Model BAYHTR1510LUG\* Heat Strips for TEM Air Handlers; with LUGs.



**Thermostat** 



FocusPRO 5000 Model TH5220D1003/U Standard Screen Nonprogrammable

### Services

Meet all federal, state & local laws Meet all code requirements 1 year labor warranty

1 Year Maintenance Agreement "Cool Club" membership

### **Warranties**

### **Air Conditioner**

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Five Year Limited Warranty

System Price

\$9,120

**Discounts** 

Cool Club Customer

\$456

Your Price

\$8,664

Approx. Monthly

\$722

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### **Proposal: 5 Ton American Standard Split Electric**

Silver Economy

AHRI System Efficiency Rating - 7502938 AHRI / 14.0 SEER / 11.7 EER



Condenser



Silver 14 Model 4A7A4060L1000\* 14 SEER Single Stage

AC

1 year labor warranty

Club" membership

1 Year Maintenance Agreement "Cool

	Air Handler		<i>Silver</i> Model TEM4A0C60S51S*	PSC Air Handler
	Heat Strip	Sort Supple Street.	Model BAYHTR1510LUG*	Heat Strips for TEM Air Handlers; with LUGs.
12'	Thermostat	<b>13</b> ;	FocusPRO 5000 Model TH5220D1003/U	Standard Screen Non- programmable
Services			Warranties	
	ral, state & local la requirements	ws	Air Conditioner 2022 - Base Limited Warran	ty Period: Compressor, Outdoor

### Air Handler

years

2022 - Base Limited Warranty Period: Indoor Coil and Parts five (5) years, 2022 - Registered Limited Warranty Period: Indoor Coil and Parts - ten (10) years

Warranty Period: Compressor, Outdoor Coil, Parts - ten (10)

Coil, Parts - five (5) years, 2022 - Registered Limited

### Control

**Five Year Limited Warranty** 

System Price \$9,120 **Discounts** Cool Club Customer \$456 Your Price \$8,664 \$722 Approx. Monthly

Your Final Cost is an estimate. Homeowner must file for rebates and credits, and additional conditions may apply. Individual rebates and credits may not apply in your particular case.

### **Proposal: 5 Ton American Standard Split Electric**

Silver Economy

AHRI System Efficiency Rating - 7502938 AHRI / 14.0 SEER / 11.7 EER

	Condenser		Silver 14 Model 4A7A4060L1000*	14 SEER Single Stage AC
	Air Handler		Silver Model TEM4A0C60S51S*	PSC Air Handler
	Heat Strip	and tensor source Application (Samples).	Model BAYHTR1510LUG*	Heat Strips for TEM Air Handlers; with LUGs.
15.	Thermostat		FocusPRO 5000 Model TH5220D1003/U	Standard Screen Non- programmable

### Services

Meet all federal, state & local laws Meet all code requirements 1 year labor warranty 1 Year Maintenance Agreement "Cool Club" membership

### **Warranties**

### **Air Conditioner**

2022 - Base Limited Warranty Period: Compressor, Outdoor Coil, Parts - five (5) years, 2022 - Registered Limited Warranty Period: Compressor, Outdoor Coil, Parts – ten (10) years

### Air Handler

2022 - Base Limited Warranty Period: Indoor Coil and Parts five (5) years, 2022 - Registered Limited Warranty Period: Indoor Coil and Parts - ten (10) years

### **Control**

Five Year Limited Warranty

System Price \$9,120 **Discounts** Cool Club Customer \$456 Your Price \$8,664 \$722 Approx. Monthly

Your Final Cost is an estimate. Homeowner must file for rebates and credits, and additional conditions may apply. Individual rebates and credits may not apply in your particular case.

### **About Us**

### **About Jenergy Air Services**

Jenergy Air Services specializes in central cooling and heating systems, ductless or mini split systems and heat pumps manufactured by the best brands in the industry. We provide craftsman level installation, repairs and preventative maintenance service. Our indoor comfort specialists work to maximize your investment through precision diagnostics and routine equipment tune-ups. As a Jenergy Air cool club member, your comfort is just as important to us as it is to you!

License Number: CAC1813572

### **Indoor Air Quality**

While duct cleaning is important to improving your indoor air quality, many Pinellas County homeowners require specialized purification and filtration equipment to restore the quality of the air inside your home and aid in removing harmful airborne contaminants that exist in many indoor air environments. At Jenergy Air Services, our expert team designs and installs whole-home air cleaners, air purifiers, UV light systems and air filtration systems that help you to breathe easy-year round.

Pinellas County indoor air quality systems come in a variety of types. Jenergy Air's indoor comfort specialists help you select the system that meets your specific Indoor Air Quality needs and budget requirements. We advise homeowners not to skimp on indoor air quality, since air can be filled with harmful chemical vapors, pet dander, allergens, bacteria, and other bio particulates. Jenergy Air's industry-leading air purification systems use ultraviolet (UVA) light technology and HEPA filtration to eradicate contaminants that lead to lung irritation and asthma, and are well worth the investment in your health all while keeping your AC systems clean and extending their life expectancy and energy efficiency.

### Advantages to partnering with our team of indoor air quality experts include:

- Whole-house comfort. IAQ systems work in conjunction with your existing air conditioner or heater, providing healthy, whole-house benefits.
- . Odor mitigation. Say goodbye to musty odors, chemical smells, and more. Indoor air cleaners eliminate many common smells in your home.
- Reduced health risks. Residents suffering from allergies, asthma, immune system conditions, and other health problems may experience significant health benefits from indoor air quality systems. Air purification is also a good idea for homes that have been infested by vermin or pests, or homes that have a major dust and debris buildup in their ductwork.
- AC system efficiency. Many of these air purification systems also keep your systems clean. Clean air conditioners need less emergency repairs, run more efficiently and last longer, which extends the life of your investment.

### Schedule Your Indoor Air Cleaner Installation!

At Jenergy Air Services, we prioritize your family's health and safety—and offer affordable solutions for indoor air contamination. To request a free, no-obligation estimate for air cleaner or air purifier installation, call 727-595-5366 today. For your convenience, you can also email our team at Jen@jenergyreynolds.com (mailto:Jen@jenergyreynolds.com) and we'll be in touch promptly!

### **FINANCING AVAILABLE**



### Proposal #

## We Can Cool It!

Con III	nergy Air	SARVICAS	/2/-595-5366	0-
200	icigy Aii	SCIVICES		OFFICE USE
	1255 Starkey Rd			INSTALL DATE:
JENERGY RIR SERVICES	Largo, FL 33	<b>77</b> 1 <b>W</b>	ww.jenergyair.com	CRANE TIME:
PROPERTY OWNER:		PROPOSAL SUBMITTED TO:	DATE:	INSTALLER:
RCS OWNERS ADDRESS:		Mr. Thomas	9/8/2022	INSTALLER
700 Druid Rd		CONDO NAME & ADDRESS:		
Clearwater, FL 3375			Tionales Buones	
727-443-4031 501	727-771-5158	CITY:	JOBSITE PHONE#:	
melvin.thomas@hop	evillagesofameria.or	KEYS AT:		
We hereby submit specifi	cations and estimates for i d labor to completely install	the removal and disposal o	f the existing equipment	
✓ Condenser  Pkg. Unit ✓		Gas		
🗷 Air Handler 🗌 Furnace 🔲		Blectric □ w/Breaker ☑Ver	tical   Garage   Rooftop	
YOUR OPTIONS:	BUDGET	BETTER	BEST	INSTALLATIONS TO INCUDE
MANUFACTURER	American Standard			PERMIT INSPECTIONS  REFRIGERANT RECOVERY
Condensing Unit 10 ton	TTA12043CABE001			✓ EMERGENCY FLOAT SWITCH
MANUFACTURER	American Standard			✓ ARMAFLEX ☐ PAD
Air Handler 10 ton	TWE12043AAAP004			✓ LIQUID LINE DRIER
AHRI REF #	OU812	¥1		BREAKER, if needed
<b>ENERGY RATINGS</b>	14 SEERHSPF	SEERHSPF	0777	☑ T-STAT
WARRANTY	1 yr / 1 yr / 5 yr	yn / yn / yn	SEER H9PF  yr. / yr. / yr. LABOR / PARTS / COMP.	OLD EQUIPMENT REMOVED
EQUIPMENT COST:	\$ 17,147.00	LABOR / PARTS / COMP. \$ 0.00	LABOR / PARTS / COMP. \$ 0.00	PROJECT NOTES:
REBATES	\$ 0.00	\$ 0.00	\$ 0.00	DUCTSMOKE DETECTOR
CREDITS	0.00	0.00	0.00	
NET EQUIPMENT COST:	\$17,147.00	\$0.00	\$0.00	
	\$17,147.00	<b>\$0.00</b>	\$0.00	
ADDITIONAL COSTS:				
DUCTSMOKE DETECTOR	\$ 499.00			
SECOND SYSTEM	17,646.00			
		41.00		
TOTAL COST:	\$ 35,292.00	\$ 41.00	\$ 0.00	
METHOD OF ☐ Cash	□VISA □ Discor			
PAYMENT: Check		can Express		
PLEASE READ BE	FORE SIGNING THE ACCEPTANC		ACCEDTANCE	OF PROPOSAL
	le the labor and materials necessar			OF PROPOSAL
ex-sisting air conditioning syst up-on completion.	em per EPA regulations. Terms:	50% down with balance due	The above prices, specifications ar aresatisfactory and are hereby acc	
All material is guaranteed to be	as specified. All work will be con		Services, Inc. to do this work as sp	
	practices. Any alteration or devia ecuted only upon written orders a		outlined above.	
over and above this proposal.	Owner is to carry fire, tornado and			
Our workers are fully covered I THIS PROPOSAL MAY BE W	by Workman's Comp. TTHDRAWN BY JENERGY AIR	SERVICES IF NOT	Signature:	
ACCEPTED WITHING 30 D.	AYS.		Date of Acceptance:	
Installation Consultant:	n Walsh Cell N	1umber: 727-687-3555	Date of Acceptance:	

### **Contract Terms:**

Thank you for your continued business. We appreciate you and look forward to continuously serving your HVAC needs into the future.

\*\*\*We do not warranty drain lines and strongly recommend cleaning drain lines out monthly. Graham is not liable for damage resulting from drain line leaks, clogs or otherwise improper function.

<u>AUTHORIZATION-</u> This agreement authorizes the contractor to perform the work described in the estimate and/or proposal provided to the customer.

<u>WARRANTIES</u> The contractor warrants to the homeowner that materials and equipment furnished under the contract are of good quality and free from known defects. In addition to all manufacturer warranties, the contractor warrants that all work performed will conform to trade best practices and customs and provides an additional One-year (1) workmanship warranty to correct any defect in the work performed. This warranty excludes damages or defects caused by abuse, neglect, alterations to work not performed by the contractor improper operation, and normal wear and tear. If the homeowner fails to notify contractor of defects within the one-year period or does not provide the contractor adequate opportunity to correct such defects, the homeowner waives the right to require corrections and waives any claims for breach of warranty.

RIGHT TO CANCEL Customer agrees and acknowledges that under state and federal law, Customer has a right to cancel this Agreement upon written notice to Company within three (3) business days of the Effective Date hereof without penalty.

<u>LIMITATION ON CANCELLATION</u> The homeowner may rescind this agreement within three (3) days after signing. Recession may be made by giving verbal or written notice via email or text to the sales representative or manager primarily responsible for overseeing the performance for the work.

<u>CANCELLATION POLICY</u> In the event of an job cancellation subsequent to the expiration of the 3- day cancellation period or waiver thereof, Customer acknowledges that such cancelation shall result in forfeiture of any deposits made. Additionally, Customer agrees and acknowledges that Company reserves the right, in its sole and exclusive discretion to charge Customer a restocking fee equal to twenty Percent (20%) of the costs and fees associated with any parts, equipment, or materials.

Contact Us: (727) 449-2559 dmondello@grahamac.com www.grahamac.com

### Pelican Aire

### Commercial Service, Inc.

11620 54th Street N. Clearwater, FL 33760 727-573-5733 Fax 727-573-2573

9/7/2022

### **PROPOSAL**

Hope Village of America Attn: Melvin Thomas Tel: (727) 443-4031 ext. 501

Email: Melvin.thomas@hopevillageofamerica.org

RE: Hope Village, Goldsmith & Grace Apartments

We are pleased to submit the following specifications, qualifications and estimate for the above referenced project. Typical scope for all work and unit change outs. Detailed description as follows:

- Hope Pantry: Two (2) Carrier 10 ton Vertical split system with heat, & thermostat.
- Hope Pantry: Four (4) Carrier 5 ton Vertical split system with heat & thermostats.
- Goldsmith Apartments: Thirteen (13) Carrier 2 ton split systems with heat & thermostats.
- Grace Apartments: Fourteen (14) Carrier 3 ton split systems with heat & thermostats.
- Demo, disconnect and remove existing air handlers and condensers.
- Set new air handlers on existing stand or support. Set condenser on existing pad.
- Re- connect all existing refrigeration and condensate piping and insulate.
- Re-connect all existing electrical, safety switches, and control wire as needed.
- Start up and test.
- One (1) Year warranty service.

We propose hereby to furnish equipment, material, and labor- complete in accordance with the attached specification for the following listed sum:

Total Price for two (2) 10 ton	\$ 32,120.00
Total Price for four (4) 5 ton	\$ 66,900.00
Total Price for thirteen (13) 2 ton	\$ 113,410.00
Total Price for fourteen (14) 3 ton	\$ 115,100.00

<sup>\*\*</sup>See page 2 for qualifications.

<sup>\*\*</sup>See page 2 for exclusions.

### Page 2

### Sincerely,

Robert Lazarus
Sales & Estimator
Pelican Aire Commercial Services, Inc.

robert@pelicanac.com C: (727) 331-7383 W: (727) 573-5733

### Qualifications:

- All piping, control wire, and ductwork are used as is.
- Any additional work required or requested work will be quoted as an extra as needed.
- All existing duct performance is to be left as is.
- Work to be perform during normal day time business hours.
- Pelican Aire Commercial Service, Inc. one (1) year labor and material warranty.

### **Exclusions:**

- Building or HVAC Commissioning.
- Electric wiring and conduit piping by others
- Fire Alarm wiring and tie-in to panels.
- Concrete Pads, concrete cutting, or core drilling by others.
- Any item not listed in the qualification.
- \* If contract or PO is issued the exclusions would need to be recognized.
- \* Project award will be subject to schedule review and availability.
- \* Pricing is firm for 60 days from date of proposal.



### Quote Detail – Goldsmith Gardens Hope Villages of America's – Large Project Grant

To: Grant Reviewer, Large Project Grant

From: Judith Warren, Hope Villages of America-

Date: January 17, 2023

The purpose of this memo is to provide an overview of the bids received for the Goldsmith Gardens.

There are a total of 3 bids attached. Below details each bid.

### Jenergy – See table

Item	Price 1	Price 2
5 Ton American Standard Split	\$7,949	\$9,904
Electric		
2 Ton Est Based 11 - Need Est	\$69,183 (11)	\$80,218 (11)
for 13 ADJUSTED PRICE	\$81,760 (adjusted to 13)	\$94,803 (adjusted to 13)
Total	\$89,709	\$104,707

<u>lerna</u> – Est Built on 12 \$70,841 – Adjusted to 13 =\$76,744 + 5 Ton American Standard Split Electric \$9,553 =Total \$86,297

<u>Pelican Aire</u> -\$113,410 \*Note the quotes does not itemize out the 5 Ton American Standard Split. Price noncompetitive.

Based on the quality of the product, history of vendor of installation and price, Jenergy is chosen for the vendor.



RCS

Comfort Plan prepared for:

1520 N Saturn Ave Clearwater,FL,33755

## Proposal

Prepared: 01/06/2023 Effective thru: 02/05/2023

John Walsh

john@jenergyair.com

JENNIFER REYNOLDS

FL: CAC1821568

See the system choice(s) we're proposing for you below. Your price(s) include all installation materials and labor. When you would like to move forward with one of these Thank you for discussing your home comfort needs with me, and allowing Jenergy Air Services to present options for your new home comfort system

Each option is on it's own page

options, please contact me to schedule your installation.

- Standard Services is everything included with your Installation
- Warranty information is included under each option

After viewing your proposal, please contact us at Jenergy Air Services with any questions you may have, or to place your order.

Proposal: 5 Ton American Standard Split Electric

Silver Economy

AHRI System Efficiency Rating - 209067856 AHRI / 14.3 SEER2 / 11.7 EER2

14 SEER2 Single Stage AC		Heat Strips for TEM Air Handlers; with LUGs.	Standard Screen Non- programmable	Coils, Parts – five (5) years, ssor, Coils, Parts – ten (10) de Parts – five (5) years, 2022 - I Parts – ten (10) years	\$10,425 \$521
14 SEER		Heat Strips with LUGs.	Standard Scree	ompressor, iod: Compre door Coil ar oor Coil and	
<i>Silver 14</i> Model 4A7A4060N1000*	<i>Silver</i> Model TEM4A0C60S51S*	Model BAYHTR1510LUG*	<i>FocusPRO 5000</i> Model TH5220D1003/U	Air Conditioner  2022 - Base Limited Warranty Period: Compressor, Coils, Parts – five (5) years, 2022 - Registered Limited Warranty Period: Compressor, Coils, Parts – ten (10) years  Air Handler 2022 - Base Limited Warranty Period: Indoor Coil and Parts – five (5) years, 2022 - Registered Limited Warranty Period: Indoor Coil and Parts – ten (10) years  Control  Five Year Limited Warranty	System Price Discounts Cool Club Customer
		Annual management			
				ol Club".	
Condenser	Air Handler	Heat Strip	Thermostat	Services  1 Year Maintenance Agreement "Cool Club" membership 1 year labor warranty Meet all code requirements Meet all federal, state & local laws	
	· int	<u>100</u>	22	Services  1 Year Maintenance Agreen membership 1 year labor warranty Meet all code requirements Meet all federal, state & loc	

\$9,904 \$9,904

Approx. Monthly

Your Price

Meet all federal, state & local laws

### Air Handler

10-Year Registered Parts Warranty, 5-Year Base Limited Parts Warranty

### Control

Five Year Limited Warranty

Your Price	Cool Club Customer	Discounts	System Price
\$7,949	\$418		\$8,367

particular case. Your Final Cost is an estimate. Homeowner must file for rebates and credits, and additional conditions may apply. Individual rebates and credits may not apply in your

Approx. Monthly

\$7,949

# Proposal: 2 Ton American Standard Split Electric

Air Handler	Condenser	Silver Economy
Silver	<b>Silver 14</b> Model 4A7A4025N1000* - 11 Units	AHRI System Efficiency Rating - 209911642 AHRI / 14.3 SEER2 / 11.7 EER2
Wall Mounted Air Handler	14 SEER2 Single Stage AC	NHRI / 14.3 SEER2 / 11.7 EER2

Your Final Cost is an estimate. Homeowner must file for rebates and credits, and additional conditions may apply. Individual rebates and credits may not apply in your particular case.

Ameristar		AHRI Systei	AHRI System Efficiency Rating - 209067976 AHRI / 14.3 SEER2 / 11.7 EER2	HRI / 14.3 SEER2 / 11.7 EER2
	Condenser		Model A4AC4060D1000*	14 SEER Air Conditioner
i i i i i i i i i i i i i i i i i i i	Air Handler		Model A4AH4E60B1C30*	14 SEER Air Handlers
<u></u>	Heat Strip		Model BAYHTR1V10LUGAA	Supplemental Electric Heaters
(April 2)	Txv Kit	ARRISTAR	Model MAYTXVACHP6060A	Expansion Valves
in the second	Thermostat		<i>FocusPRO 5000</i> Model TH5220D1003/U	Standard Screen Non- programmable
Services			Warranties	
Year Maintenance Agreen membership     year labor warranty Meet all code requirements	1 Year Maintenance Agreement "Cool Club" membership 1 year labor warranty Meet all code requirements		Air Conditioner  Base Limited Warranty Period: Compressor, Outdoor Coil, Parts - five (5) years, Registered Limited Warranty Period: Compressor, Outdoor Coil, Parts - ten (10) years.	sor, Outdoor Coil, Parts - five (5) years, npressor, Outdoor Coil, Parts - ten (10)

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### Ameristar 12 M, Thermostat Heat Strip Air Handler Condenser Units Units Model TMM5A0B24M21SA - 11 Model TH5220D1003/U - 11 Units FocusPRO 5000 Model BAYHTRM508BRKAA - 11 Standard Model A4AC4023D1000\* - 11 Units AHRI System Efficiency Rating - 14.3 SEER2 / 11.7 EER2 programmable Standard Screen Non-Heat Strip Kit Ameristar Upflow Air Handler 14 SEER Air Conditioner

configuration Note - efficiency factors displayed for SEER, EER and HSPF (heat pump only) are 'nominal' values. The performance of your system may vary depending on its

_
Varra
inties

Services

1 Year Maintenance Agreement "Cool Club"
membership - 11 Units
1 year labor warranty - 11 Units
Meet all code requirements - 11 Units
Meet all federal, state & local laws - 11 Units
Crane for Equipment - 11 Units
\$1,650

## Air Conditioner

Base Limited Warranty Period: Compressor, Outdoor Coil, Parts - five (5) years, Registered Limited Warranty Period: Compressor, Outdoor Coil, Parts - ten (10) years.

# Air Handler 10 Year Registered Parts Warranty (Registered within 60 days of installation), 1

Year Base Limited Parts Warranty

Five Year Limited Warranty

Control

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# Model TMM5B0A24M21SA - 11

<b>→</b> Multiple services	Heat Strip	18.0		Model BAYHTRM508BRK* - 11 Units	Heat Strip Kit
20	Thermostat			<i>FocusPRO 5000</i> Model TH5220D1003/U - 11 Units	Standard Screen Non- programmable
Services  1 Year Maintenance Agreement membership - 11 Units 1 year labor warranty - 11 Units Meet all code requirements - 11 Meet all federal, state & local la Crane for Equipment - 11 Units	Services  1 Year Maintenance Agreement "Cool Club" membership - 11 Units 1 year labor warranty - 11 Units Meet all code requirements - 11 Units Meet all federal, state & local laws - 11 Units Crane for Equipment - 11 Units		\$1,650	Air Conditioner  2022 - Base Limited Warranty Period: Compressor, Coils, Parts – five (5) years, 2022 - Registered Limited Warranty Period: Compressor, Coils, Parts – ten (10) years  Air Handler  2022 - Base Limited Warranty Period: Indoor Coil and Parts – five (5) years, 2022 Registered Limited Warranty Period: Indoor Coil and Parts – ten (10) years  Control  Five Year Limited Warranty	Air Conditioner  2022 - Base Limited Warranty Period: Compressor, Coils, Parts – five (5) years, 2022 - Registered Limited Warranty Period: Compressor, Coils, Parts – ten (10) years  Air Handler  2022 - Base Limited Warranty Period: Indoor Coil and Parts – five (5) years, 2022 - Registered Limited Warranty Period: Indoor Coil and Parts – ten (10) years  Control  Five Year Limited Warranty

Your Final Cost is an estimate. Homeowner must file for rebates and credits, and additional conditions may apply. Individual rebates and credits may not apply in your \$80,218 \$4,222 \$80,218 Cool Club Customer Approx. Monthly Your Price

\$84,440

System Price

Discounts

particular case.

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Your Price	Cool Club Customer	Discounts	System Price	
\$69,183	\$3,641		\$72,824	

particular case. Your Final Cost is an estimate. Homeowner must file for rebates and credits, and additional conditions may apply. Individual rebates and credits may not apply in your

Approx. Monthly

\$69,183

### About Us

# **About Jenergy Air Services**

through precision diagnostics and routine equipment tune-ups. As a Jenergy Air cool club member, your comfort is just as important to us as it is to you! industry. We provide craftsman level installation, repairs and preventative maintenance service. Our indoor comfort specialists work to maximize your investment Jenergy Air Services specializes in central cooling and heating systems, ductless or mini split systems and heat pumps manufactured by the best brands in the

License Number: CAC1813572

## Indoor Air Quality

While duct cleaning is important to improving your indoor air quality, many Pinellas County homeowners require specialized purification and filtration equipment

7 of 9

Services, our expert team designs and installs whole-home air cleaners, air purifiers, UV light systems and air filtration systems that help you to breathe easy—year to restore the quality of the air inside your home and aid in removing harmful airborne contaminants that exist in many indoor air environments. At Jenergy Air

dander, allergens, bacteria, and other bio particulates. Jenergy Air's industry-leading air purification systems use ultraviolet (UVA) light technology and HEPA filtration Indoor Air Quality needs and budget requirements. We advise homeowners not to skimp on indoor air quality, since air can be filled with harmful chemical vapors, pet Pinellas County indoor air quality systems come in a variety of types. Jenergy Air's indoor comfort specialists help you select the system that meets your specific to eradicate contaminants that lead to lung irritation and asthma, and are well worth the investment in your health all while keeping your AC systems clean and extending their life expectancy and energy efficiency.

# Advantages to partnering with our team of indoor air quality experts include:

- Whole-house comfort. IAQ systems work in conjunction with your existing air conditioner or heater, providing healthy, whole-house benefits.
- Odor mitigation. Say goodbye to musty odors, chemical smells, and more. Indoor air cleaners eliminate many common smells in your home.
- benefits from indoor air quality systems. Air purification is also a good idea for homes that have been infested by vermin or pests, or homes that have a major dust Reduced health risks. Residents suffering from allergies, asthma, immune system conditions, and other health problems may experience significant health and debris buildup in their ductwork.
- AC system efficiency. Many of these air purification systems also keep your systems clean. Clean air conditioners need less emergency repairs, run more efficiently and last longer, which extends the life of your investment

# Schedule Your Indoor Air Cleaner Installation!

obligation estimate for air cleaner or air purifier installation, call 727-595-5366 today. For your convenience, you can also email our team at Jen@jenergyreynolds.com At Jenergy Air Services, we prioritize your family's health and safety—and offer affordable solutions for indoor air contamination. To request a free, no-(mailto:Jen@jenergyreynolds.com) and we'll be in touch promptly!

# FINANCING AVAILABLE

1/17/2023, 1:09 PM 8 of 9

### <u>Pelican Aire</u>

### Commercial Service, Inc.

11620 54th Street N. Clearwater, FL 33760 727-573-5733 Fax 727-573-2573

9/7/2022

### **PROPOSAL**

Hope Village of America Attn: Melvin Thomas

Tel: (727) 443-4031 ext. 501

Email: Melvin.thomas@hopevillageofamerica.org

RE: Hope Village, Goldsmith & Grace Apartments

We are pleased to submit the following specifications, qualifications and estimate for the above referenced project. Typical scope for all work and unit change outs. Detailed description as follows:

- Hope Pantry: Two (2) Carrier 10 ton Vertical split system with heat, & thermostat.
- Hope Pantry: Four (4) Carrier 5 ton Vertical split system with heat & thermostats.
- Goldsmith Apartments: Thirteen (13) Carrier 2 ton split systems with heat & thermostats.
- Grace Apartments: Fourteen (14) Carrier 3 ton split systems with heat & thermostats.
- Demo, disconnect and remove existing air handlers and condensers.
- Set new air handlers on existing stand or support. Set condenser on existing pad.
- Re- connect all existing refrigeration and condensate piping and insulate.
- Re-connect all existing electrical, safety switches, and control wire as needed.
- Start up and test.
- One (1) Year warranty service.

We propose hereby to furnish equipment, material, and labor- complete in accordance with the attached specification for the following listed sum:

Total Price for two (2) 10 ton

32,120.00

Total Price for four (4) 5 ton

66,900.00

Total Price for thirteen (13) 2 ton

Total Price for fourteen (14) 3 ton

\$ 115,100.00

<sup>\*\*</sup>See page 2 for qualifications.

<sup>\*\*</sup>See page 2 for exclusions.

# Page 2

# Sincerely,

Robert Lazarus Sales & Estimator Pelican Aire Commercial Services, Inc.

robert@pelicanac.com C: (727) 331-7383 W: (727) 573-5733

# Qualifications:

- All piping, control wire, and ductwork are used as is.
- Any additional work required or requested work will be quoted as an extra as needed.
- All existing duct performance is to be left as is.
- Work to be perform during normal day time business hours.
- Pelican Aire Commercial Service, Inc. one (1) year labor and material warranty.

#### **Exclusions:**

- Building or HVAC Commissioning.
- Electric wiring and conduit piping by others
- Fire Alarm wiring and tie-in to panels.
- Concrete Pads, concrete cutting, or core drilling by others.
- Any item not listed in the qualification.
- \* If contract or PO is issued the exclusions would need to be recognized.
- \* Project award will be subject to schedule review and availability.
- \* Pricing is firm for 60 days from date of proposal.

# Proposal Prepared By:



Keith Simmons
Comfort Advisor
18843 US Hwy 41 N.
Lutz, FL 33549
Tel: 8139814648
keiths@iernaair.com
www.iernaair.com

# Prepared For

Goldsmith Hope Villages 1520 N Saturn Ave Clearwater, FL 33755 Tel: 727-466-7845

Melinda.perry@hopevillagesofamerica.org







GOOD

Total Payment Due **Upon Completion** 

\$9,553







BASE

Total Payment Due **Upon Completion** 

\$70,841

#### **MODELS**

### Bryant 114CNA060000

- -Legacy Line
- -Single-Stage
- -Air Conditioner
- -10 year parts limited to original purchaser upon timely registration
- -Otherwise 5 years (Applies to residential installation only)

### Bryant FB4CNP061L00

- -Legacy Line
- -Single Speed
- Air Handler

# Bryant CE0801N08T

-Auxiliary Heater

### Honeywell TH6210U2001

- -T6 Pro
- -Programmable Thermostat 2h/1C 5-1-1

# Net Investment after rebates

\$9.553

# **AHRI Matchup:**

AHRI#: 205398312 Cooling Capacity: 57500

**Heating Capacity: 0** 

**SEER: 14.5** 

**EER: 12** 

# 12 Systems Quoted

#### MODELS

#### Bryant 114CNA024000

- -Legacy Line
- -Air Conditioner
- -10 year parts limited to original purchaser
- -Otherwise 5 years (Applies to residential

installation only)

#### Bryant FMA4P2400AL

- -Air Handler
- -Apartment Style

#### **Bryant CE0501N05T**

-Auxiliary Heater

# Honeywell TH6210U2001

- -T6 Pro
- -Programmable Thermostat

2h/1C 5-1-1

- -Single-Stage
- upon timely registration

Net investment after rebates \$70.841

#### AHRI Matchup:

AHRI #: 201852649 Cooling Capacity: 22800

Heating Capacity: 0

**SEER: 14 EER: 11.5** 

#### **INCLUDED SERVICES:**

- 5 YEAR WARRANTY ON PARTS/COMPRESSOR
- Manual J Heat Load Calculation
- · Sealing of the duct work with fibrous mastic
- · New Electrical Whip to Condenser
- · Flush and tie into existing copper refrigerant line set
- · Add/Remove refrigerant of proper operation
- · Tie into existing 24v electrical wiring
- 5KW Heater
- · All Electrical to be done by licensed Electrician

- · Permit and inspection
- · Tie into existing duct work
- · Clean and reuse existing supply and return plenums
- · New hurricane code condenser pad and anchor kit
- · New liquid line filter drier for refrigerant
- Tie into existing 220v electrical wiring
- Disposal of equipment
- 7.5KW Heater



# **Choose Your Payment Option**

	Credit Card	
	inancing	
	Check	
	Cash Cash Cash Cash Cash Cash Cash Cash	
_		



# **Choose Your Equipment Option**

Good Base



# **Terms and Conditions**

To View the HVACopcost.com website - CLICK THIS LINK! HVAC Opcost.com is an independent website. The results of savings from one system to another may vary and lerna's Heating and Air Conditioning cannot be held accountable for those same results. The results should be considered as a representation of expectations.

To view our website - CLICK THIS LINK!

To view testimonials about our products and services - CLICK THIS LINK!

To view IERNA's Google Reviews - CLICK THIS LINK!

To view IERNA's To Your Sucess Reviews - CLICK THIS LINK!

To review our Proof of Insurance - CLICK THIS LINK!

\*\*\* Consult your financial advisor for rebates.

# **TERMS & CONDITIONS OF AGREEMENT**

- Purchaser hereby accepts the equipment and services described above and agrees to pay lerna's Heating and Cooling Inc the price shown above.
- 2. All equipment and material are guaranteed by Tema's Heating and Cooling Inc to be as specified. All work will be completed in a workmanlike manner according to normally accepted practices.
- 3. Materials and work in addition to that described herein will be furnished only on Purchaser's authorization and will be paid by Purchaser as an extra charge.
- 4. Upon failure to pay any sums due hereunder, Purchaser agrees to pay lema's Heating and Cooling Inc interest at the rate of one and one half percent (11/2%) per month (annual rate of 18%) on all outstanding balances.
- 5. lerna's Heating and Cooling Inc shall not be liable for any default caused by events beyond its control, including but not limited to, fire, flood, strikes, accidents, or delays affecting this work or other operations in which it is involved, directly or indirectly.
- 6. Purchaser shall permit lema's Heating and Cooling Inc reasonable access to the property on which equipment is to be installed. Title to all provided equipment remains with lema's Heating and Cooling Inc until all amounts due thereon are paid in full, whether such equipment is affixed to the realty or not, and shall remain personal property and be deemed sever-able without injury to the freehold. On any payment default by Purchaser, or if in lema's Heating and Cooling Inc's judgment, reasonably exercised, its equity appears to be imperiled, then, lema's Heating and Cooling Inc may without further notice enter the premises and remove or resell the equipment, and Purchaser shall be liable for any deficiency or loss sustained by lema's Heating and Cooling Inc in connection therewith.
- 7. Once equipment is connected at Purchaser's property, Purchaser assumes all risk of loss or damage to such equipment and shall insure same fully to protect all interests of lerna's Heating and Cooling Inc, cost of insurance to be paid by Purchaser. Ierna's Heating and Cooling Inc carries liability insurance and Worker's Compensation Insurance.
- 8. Ierna's Heating and Cooling Inc provides a one-year limited labor warranty. Equipment or system failure due to lack of proper maintenance service or abuse is expressly excluded. Normal maintenance check-ups and filter replacements are the responsibility of Purchaser. All other warranties, expressed or implied, are the responsibility of the manufacturer of the equipment, parts, or materials used in connection with the services. 9. There are no warranties, expressed or implied, for existing equipment, ductwork, or other materials not installed by Ierna's Heating and Cooling Inc.
- 10. All warranty work will be performed during lerna's Heating and Cooling Inc's normal working hour 7am to 1100 pm 7 days a week, parts subject to supply house availability
- 11. Purchaser is responsible for all costs and reasonable attorney fees incurred by lema's Heating and Cooling Inc in connection with any action or proceeding (including arbitration and appeals) arising out of this agreement, including collection of any outstanding amounts due, whether or not suit is filed.
- 12. Except as provided herein lema's Heating and Cooling Inc makes no other representations or warranties, either express or implied, including, but not limited to, any implied warranties of merchantability or fitness for a particular purpose lema's Heating and Cooling Inc expressly disclaims all other warranties. Iema's Heating and Cooling Inc's maximum liability hereunder shall consist of refunding all moneys paid to it by Purchaser hereunder subject to removal and return to lema's Heating and Cooling Inc of all equipment provided hereunder. Under no circumstances will lema's Heating and Cooling Inc be liable to Purchaser or any other person for any damages, including, without limitation, any indirect, incidental, special, or consequential damages, expenses, cost, profits, lost savings or earnings, lost or corrupted data, or other liability arising out of or related to this agreement, or the services or equipment provided hereunder.
- 13. This agreement shall be governed and construed solely according to the internal laws of the State of Florida, without reference to any conflicts of laws.
- 14. This agreement is the complete and exclusive statement of the agreement between Purchaser and Ierna's Heating and Cooling Inc and it supersedes all prior oral and written proposals and any prior or subsequent communications pertaining to the subject matter hereof.

  NOTICE OF RIGHT TO CANCEL By signing this document you the customer are aware and agree to all disclaimers above. You as the customer have the right to cancel any and all service(s) within 3 days of signing this contract. All sales are final. If you choose to cancel the transaction please notify us in writing at the business address referenced above. Ierna's Heating, Cooling & Plumbing reserves the right to file property liens if payment(s) are not received.

Signature of Authorized Purchaser: _	·
Date	

Payment to be made as follows: Balance on completion lerna's Heating and Cooling Inc proposes hereby to furnish and install the equipment and materials as described above on the terms and conditions provided herein. This proposal is good for thirty (30) days from the date hereof, but may be accepted at any later date at the sole discretion of lerna's Heating and Cooling Inc.



# Attachment B-3-Capital Based Budget Summary

Project Name - HVAC Replacement Hope Villages of America

Contractor SFS Payee Name - Jenergy, Pelican Aire and Capital Appliances

# Date 2/1/2023 to 6/1/2023

	Grant			Other	
Category of Expense	Funds	Match	Match %	Funds	Total
Scoping and Pre-Dev	\$0				
Design	\$0				
Acquisition	\$0				
Construction	\$236,496	\$120,902	33.00%		\$357,398
Administration	\$11,763				\$11,763
Working Capital/Reser					
Other					
Total	\$248,259	\$120,902			\$369,161

Construction Type -Description	Item #	Quantity	Unit Price	Total
HVAC Food Bank		- Coronico y		\$99,020
HVAC The Oaks				\$109,100
HVAC Goldsmith				\$89,709
Contingency -20%				\$59,569
TOTAL				\$357,398

Administration Type/Description	Item #	Quantity	Unit Price	Total
Procurement, Project Man, Invoice				\$11,763
TOTAL				\$11,763

# HOPE VILLAGES OF AMERICA Proposed Operating Budget - FY23

Budget

# **REVENUE:**

NEVEROE.	
Contributions:	
Contributions - Cash	\$1,188,727
Contributions - Pledges	53,000
Estate Gifts	25,000
Total Contributions	\$1,266,727
Grants & Contracts:	¢400,000
Federal Grants	\$400,000
State & Local Grants	1,594,888
Total Grants & Contracts	\$1,994,888
Foundation & Corporate Grants	\$366,000
Interest Revenue - Operations	\$50
Investment Earning - Gains (Losses)	\$60,000
Program Fees - Rent	\$414,700
TOTAL REVENUE	\$4,102,365
EXPENSES:	
Personnel	\$2,685,397
General	90,079
Occupancy	673,392
Office	225,297
Program Services	145,100
Staff	36,100
TOTAL EXPENSES	\$3,855,365
CONTRIBUTIONS IN-KIND	8,000,000
DISTRIBUTIONS IN-KIND	(8,000,000)
DISTRIBUTIONS IN-RIND	(8,000,000)
NET BEFORE DEPRECIATION	\$247,000
DEPRECIATION	(247,000)
NET AFTER DEPRECIATION	\$0

Name	Position	Class
Matthew Weber	Board Chair	FY22
Seema Ramroop	Immediate Past Board Chair	FY23
Ed Cole	Vice Chair	FY22
Vacamt	Treasurer	
Lonnie Brewer	Secretary	FY22
Melinda Perry	Interim Pres/CEO	FY 23
At Large Members		
Cecil Howard	Board Member	FY24
Debra Jones	Board Member	FY23
Cherri McGrew	Board Member	FY23
Zebbie D. Atkinson	Board Member	FY23
Emily Pano	Board Member	FY23
Adam McGill Ross	Board Member	FY23
Nathaly Patterson	Board Member	FY24
Rod Cunningham	Board Member	FY24
Laura Stewart	Board Member	FY24

Address	City	Employment
2855 Gulf to Bay Blvd #12301	Palm Harbor - 34683	Enterprise
3414 Primrose Way	Palm Harbor - 34683	Prudential Financial
2266 Bascom Way	Clearwater -33764	Green Dot Bank
14637 Chatsworth Manor Circle	Tampa - 33326	Brewer Executive Consulting
		Hope Villages of America
P.O. Box 7178	Brandon-33408	Diversity, Equity and Inclusion Consu
14559 Bay Hills Drive	Largo - 33774	Regions Bank
1165 Dixon Court	Dunedin - 34698	Retired
222 Duque Avenue	Lutz - 33549	President - NAACP Upper Pinellas
1749 West Manor Avenue	Clearwater - 33765	Klar and Klar Architects, Inc
P.O. Box 17500	Clearwater - 33762	Executive Director SAO -6th Judicial
1301 1st Ave. North	St. Pete - 33716	St. Pete Police Department
30400 Fairway Drive	Wesley Chapel -33543	Pinellas County Urban League
16202 Bay Vista Drive	Clearwater - 33760	Xerox Corp

E mail	Phone	Start Date
matthew.weber@ehl.com	813.917.1152	
seematt2000@yahoo.com	813.957.8107	
edcole71@gmail.com	813.340.3276	
LonnBrew@gmail.com	018.801.1481	
melinda.perry@hopevillagesofamerica.c	727.466.7849	
cehoward06@gmail.com	727.873.4378	
debral.jones@regions.com	727.467.1001	
cherrimcgrew@mac.com	240.515.6068	
zeb.atkinson@gmail.com	202.487.8431	
emily@klar.klar.com	813.486.1371	
adam.mcgill.ross@gmail.com	727.464,6229	
nathaly.patterson@stpete.org	727.422.1592	
rucnningham@pcul.org	813.380.8145	
laura.stewart@xerox,cin	727.644.2862	

# Extended to August 15, 2022

ggn

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

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

Department of the Treasury

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

Open to Public Inspection

and ending  $\overline{SEP}$  30, 2021 A For the 2020 calendar year, or tax year beginning OCT 1, 2020Check if applicable: C Name of organization D Employer identification number Address change Hope Villages of America, Inc. Name change \*\*-\*\*\*9186 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 503 South Martin Luther King Jr. Ave 727-584-3528 termin-ated 13,854,994. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return Clearwater, FL 33756 H(a) Is this a group return Applica-F Name and address of principal officer: Kirk Ray Smith ∐Yes Ա∐No for subordinates? pending 503 South MLK Jr. Ave, Clearwater, FL 33756 H(b) Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)) ◀ (insert no.) 4947(a)(1) or L If "No," attach a list. See instructions J Website: ▶ hopevillagesofamerica.org **H(c)** Group exemption number **K** Form of organization: X Corporation Association L Year of formation: 1972 M State of legal domicile: FL Part I Summary Briefly describe the organization's mission or most significant activities: To feed the hungry, help Activities & Governance families facing homelessness return to self-sufficiency, and Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 17 Number of independent voting members of the governing body (Part VI, line 1b) 17 47 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 2500 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year 11,781,533. 13,290,626. Contributions and grants (Part VIII, line 1h) Revenue 107,693. 134,810. Program service revenue (Part VIII, line 2g) 46,574. -33,323. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 159,479. 189,673. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,015,382. 13,661,683. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 95,910. 164,567. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 2,436,628. 2,242,819. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 9,631,069. 11,050,968. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 12,163,607. 13,458,354. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 203,329. -148,225 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 6,400,993. 6,450,142. 20 Total assets (Part X, line 16) 708,305. 332,680. 21 Total liabilities (Part X, line 26) Net/ 5,741,837. 6,068,313. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign Kirk Ray Smith, President/CEO Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Mary Brown P01892845 Paid Firm's name PDR CPAS + Advisors Firm's EIN \*\*-\*\*\*7531 Preparer Firm's address  $\sqrt{4023}$  Tampa Road, Suite 2000 Use Only Oldsmar, FL 34677 Phone no. 727 - 785 - 4447

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

Pa	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: We provide hope restoration with dignity to those in need through
	innovative programs and services.
	Innovative programs and services.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 \$10 , 250 , 150 • including grants of \$5 , 041 • ) (Revenue \$ 6 , 630 • )
	Hope Villages of America's (HVA) Food Distribution Center has provided
	more than 7.2 Million meals to residents in need, which is more than 6
	Million pounds of food. About half of the recipients of this food are
	children and seniors. HVA distributes this food directly from our Food
	Bank and also through about 90 food pantry subsites throughout the
	County.
4b	(Code: ) (Expenses \$ 1,392,975 • including grants of \$ 105,770 • ) (Revenue \$ )
75	The Haven at Hope Villages of America provides abuse services through
	various methods, including through a certified domestic violence
	center. More than 5,000 prevention and intervention services are
	provided each year, including classes on healthy relationships, support
	groups, legal advocacy, relocation assistance, and more. Additionally,
	more than 300 women and children fleeing domestic violence stay in our
	emergency safe house each year.
	722 470
4c	(Code:) (Expenses \$\\$ 723,479. including grants of \$\\$ 53,756. ) (Revenue \$\\$ 135,308.)  Hope Villages of America's Housing Stability Services division includes
	a shelter for homeless families, an affordable housing program, and
	rent and utility assistance. Typically, about 300 family members stay
	at Grace House while they work to return to self-sufficiency.
	Approximately 90% of families that complete the program move to stable
	housing, and less than 3% experience another episode of homelessness in
	the first year. Our affordable housing program serves 11 families, all
	of whom came from one of our residential programs.
	Same one on the soundstate Prodramo.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ 25,537.)
4e	Total program service expenses ► 12,366,604.
	- 000 (coops)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			X
	public office? If "Yes," complete Schedule C, Part I	3		Δ.
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		X
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Α.
8	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			X
اہ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Λ
a	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? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			. v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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? If "Yes," complete Schedule F, Parts I and IV	14b		х
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? If "Yes," complete Schedule F, Parts II and IV	15		Х
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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.0		
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del>                                     </del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	domocio governmente ori i artizz, columni (ra), inic i : ii i i i i i i i i i i i i i i i	<u> </u>		

Part IV   Checklist of Required Schedules (continued	Part IV	Checklist of Required	Schedules	(continuea
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del>                                     </del>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
р	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		X
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	000		X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		X
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		<del></del>
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Щ
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	

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Form 990 (2020) Hope Villages of America, Inc.

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

				1		
0-	Fatable work and another set and a Family W.O. Taraba Hall of Warrand Tay Ottomark		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a 47					
h		2b	Х			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20	-25			
20	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	35				
ти	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х		
h	If "Yes," enter the name of the foreign country	-iu				
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		Х		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7с		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		_		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_				
0	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a				
a b	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:	35				
	Initiation fees and capital contributions included on Part VIII, line 12					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders					
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans					
	Enter the amount of reserves on hand	4.		v		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		X		
	excess parachute payment(s) during the year?	15				
16	If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х		
10	If "Yes," complete Form 4720, Schedule O.	10				
	ii 100, complete i ditti 4720, concedulo o.					

Form 990 (2020) Hope Villages of America, Inc. \*\*-\*\*\*9186 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X				
Sec	tion A. Governing Body and Management								
				Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	7						
	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 0.								
b	Enter the number of voting members included on line 1a, above, who are independent		7						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with any other							
	officer, director, trustee, or key employee?		. 2		X				
3	Did the organization delegate control over management duties customarily performed by or under the								
	of officers, directors, trustees, or key employees to a management company or other person? $\dots$				X				
4	Did the organization make any significant changes to its governing documents since the prior Form				Х				
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	. 5		Х				
6	Did the organization have members or stockholders?		. 6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	•							
	more members of the governing body?		. 7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or							
	persons other than the governing body?		. 7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
а	The governing body?			X					
b	Each committee with authority to act on behalf of the governing body?		. 8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real				l				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		. 9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	evenue Code.)							
				Yes	No				
	Did the organization have local chapters, branches, or affiliates?		10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such or		10b						
	and branches to ensure their operations are consistent with the organization's exempt purposes?								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the form?	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			37					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risc		12b	Х	_				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			Х					
	in Schedule O how this was done			X					
13	Did the organization have a written whistleblower policy?			X					
14	Did the organization have a written document retention and destruction policy?		. 14						
15	Did the process for determining compensation of the following persons include a review and approv	•							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		45-	Х					
	The organization's CEO, Executive Director, or top management official			<u> </u>	Х				
a	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		. 15b		- 21				
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a							
10a	taxable entity during the year?		16a		Х				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		. 10a						
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluation to ev								
	exempt status with respect to such arrangements?		16b						
Sec	tion C. Disclosure		.   100						
17	List the states with which a copy of this Form 990 is required to be filed None								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (Section 501(c	(3)s only	/) avai	lable				
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website X Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	,	and fina	ncial					
	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 bo	ooks and records							
-	Jessica Carrasco - (727)460-1887								
	503 S. Martin Luther King Jr. Ave. Clearwater, FL	33756							

### Form 990 (2020) 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 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 and/or Box 7 of Form 1099-MISC) 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.

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

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

(A) Name and title	Name and title Average hours per		not c	ss pe	ition more rson	than is bot	h an	(D)  Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Kirk Ray Smith	50.00							454 440	•	
President and CEO				Х				151,413.	0.	0.
(2) Melinda Perry	50.00							04 550		•
<u>C00</u>	1			Х				81,572.	0.	0.
(3) David Siracusa	1.00	ļ								•
Chair	1	Х		Х				0.	0.	0.
(4) Seema Ramroop	1.00	ļ								•
Vice Chair	1 00	Х		Х				0.	0.	0.
(5) Matthew Weber	1.00									•
Secretary	1 00	Х		Х				0.	0.	0.
(6) Ed Cole	1.00									•
Treasurer	1 0 50	Х		Х				0.	0.	0.
(7) Lonnie Brewer	0.50									•
Director	1 0 50	Х						0.	0.	0.
(8) Rod Davis	0.50									•
Director	1 0 50	Х						0.	0.	0.
(9) Zebbie D. Atkinson IV	0.50									•
Director		Х						0.	0.	0.
(10) Cecil Howard	0.50	ļ								•
Director		Х						0.	0.	0.
(11) Lisa Johnson	0.50									
Director		Х						0.	0.	0.
(12) Debra Jones	0.50									
Director		Х						0.	0.	0.
(13) Connolly McArthur	0.50	ļ								•
Director		Х						0.	0.	0.
(14) Cherri McGrew	0.50									
Director		Х						0.	0.	0.
(15) Roderick Cunningham	0.50									
Director		Х						0.	0.	0.
(16) Emily Pano	0.50	ļ								•
Director		Х						0.	0.	0.
(17) Major Nathaly Patterson	0.50									_
Director		X						0.	0.	0. Form <b>990</b> (2020)

Form 990 (2020) 032007 12-23-20

Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	ees,	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average	(C) Position (do not check more than one		(D) Reportable	<b>(E)</b> Reportable	<del></del>	Es	(F) stimate	ed				
	hours per	box	, unle	ss pe	rsoni	is bot	h an	compensation	compensation		ar	nount	of
	week (list any	$\vdash$	1		T		100,	from the	from related organization		com	other pensa	tion
	hours for	r direct				pa		organization	(W-2/1099-MI		ı	om the	
	related	stee o	rustee			pensat		(W-2/1099-MISC)			_ ~	anizat	
	organizations below	ual tru	ional t		ployee	t com					l .	d relat anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				l	arnzan	5113
(18) Adam McGill Ross	0.50				_								
Director		Х						0.		0.			0.
(19) Laura Stewart	0.50	ļ.,								0			0
director		Х		_				0.		0.			0.
		┨											
		$\vdash$		$\vdash$	$\vdash$								
		1											
		1											
		<u> </u>		_									
		┨											
		$\vdash$											
		1											
1b Subtotal								232,985.		0.			0.
c Total from continuation sheets to Part								0.		0.			0.
d Total (add lines 1b and 1c)								232,985.	000 - 6				0.
<ul><li>Total number of individuals (including but compensation from the organization</li></ul>	t not limited to tr	iose	IISTE	ea ai	DOV	e) wr	no r	eceived more than \$100	,000 от герогтар	ıе			1
compensation from the organization												Yes	No
3 Did the organization list any former offic	er, director, trust	ee, l	key e	emp	loye	e, or	r hig	ghest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J fo											3		X
4 For any individual listed on line 1a, is the	-							·	-			37	
and related organizations greater than \$											4	Х	
5 Did any person listed on line 1a receive of	•				•			•			_		Х
rendered to the organization? If "Yes," co	mpiete Scheaui	e J i	or si	ucn	pers	son .					5		
Complete this table for your five highest	compensated in	dene	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of con	npens	ation	from	
the organization. Report compensation f	•	-											
(A)								(B)			((	C)	
Name and busine	ss address	N	INC	3			_	Description of s	ervices	C	compe	nsatio	า
										Ì			
							$\dashv$						
										Ī			
							$\dashv$						
										Ī			
										İ			
2 Total number of independent contractors	(including but s	ot I	mita	d +^	tha	SO 114	etoo	d above) who received ~	ore than				
\$100,000 of compensation from the orga		iot II		u 10		)	J. C	above, who received in	iore triail				

Hope Villages of America, Inc. \*\*-\*\*\*9186 Page 9 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues ..... 1b c Fundraising events 1c d Related organizations ..... 1d 2,770,708. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 10,519,918. 1f 9,399,195 g Noncash contributions included in lines 1a-1f 1g |\$ h Total. Add lines 1a-1f . 13,290,626. **Business Code** 2 a Program fees 624200 134,810. Program Service Revenue 134,810. b f All other program service revenue g Total. Add lines 2a-2f. 134,810. Investment income (including dividends, interest, and 694 other similar amounts) 694 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 207,769. assets other than inventory 7a **b** Less: cost or other basis Other Revenue 142,293. 19,596. and sales expenses ..... 7b c Gain or (loss) 65,476. -19,596 45,880. 45,880. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 195,558. **b** Less: direct expenses 31,422 164,136. c Net income or (loss) from fundraising events 164,136 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... 10b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a Miscellaneous 624200 25,537. 25,537 b d All other revenue

25,537

160,347.

13,661,683.

210,710.

e Total. Add lines 11a-11d .....

Total revenue. See instructions

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 respor	nse or note to any line in	this Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		5.,por1003	goriorar experieses	5po11000
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	164,567.	164,567.		
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				
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	1,940,099.	1,304,439.	569,629.	66,031.
8	Pension plan accruals and contributions (include	,	, , , , , , , , ,	,	,
•	section 401(k) and 403(b) employer contributions)	10,888.	5,530.	5,358.	
9	Other employee benefits	149,139.	130,867.	18,272.	
10	Payroll taxes	142,693.	95,322.	43,004.	4,367.
11	Fees for services (nonemployees):	,	, -	,	
	Management				
b	Legal				
	Accounting				
d					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	14,495.		14,495.	
g	// //	-			
J	column (A) amount, list line 11g expenses on Sch O.)	63,463.	24,689.	38,774.	
12	Advertising and promotion	9,507.	1,059.	7,365.	1,083.
13	Office expenses	135,784.	117,659.	14,591.	3,534.
14	Information technology				
15	Royalties				
16	Occupancy	495,679.	452,496.	43,183.	
17	Travel	7,854.	3,772.	4,082.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,812.	316.	8,496.	
20	Interest	3,294.		3,294.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	296,744.	284,983.	11,761.	
23	Insurance	161,675.	151,376.	10,299.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	Food	9,458,796.	9,458,796.		
b	Contract services	203,643.	31,933.	140,432.	31,278.
С	Miscellaneous	77,583.	31,517.	20,994.	25,072.
d	Equipment Rental	61,440.	55,134.	5,226.	1,080.
е	All other expenses	52,199.	52,149.	50.	
25	Total functional expenses. Add lines 1 through 24e	13,458,354.	12,366,604.	959,305.	132,445.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
02001	n 12-23-20		•		Form <b>990</b> (2020)

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	168,648.	1	11,058.
	2	Savings and temporary cash investments	20,462.	2	11,016.
	3	Pledges and grants receivable, net	661,405.	3	669,954.
	4	Accounts receivable, net		4	
	5	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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	92,913.	9	147,499.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 8,828,278.			
	b	Less: accumulated depreciation 10b 4,647,918.	4,314,577. 132,337.	10c	4,180,360. 149,138.
	11	Investments - publicly traded securities	132,337.	11	149,138.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,059,800.	15	1,231,968.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	6,450,142.	16	6,400,993.
	17	Accounts payable and accrued expenses	205,797.	17	222,240.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties	502,508.	23	110,440.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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		25	222
	26	Total liabilities. Add lines 17 through 25	708,305.	26	332,680.
S		Organizations that follow FASB ASC 958, check here ▶ X			
nce		and complete lines 27, 28, 32, and 33.	4 650 447		4 046 444
ala	27	Net assets without donor restrictions	4,658,447.	27	4,846,444.
d B	28	Net assets with donor restrictions	1,083,390.	28	1,221,869.
'n.		Organizations that do not follow FASB ASC 958, check here			
or F		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
¥ A	31	Retained earnings, endowment, accumulated income, or other funds	E 7/11 027	31	6 060 212
ž	32	Total net assets or fund balances	5,741,837.	32	6,068,313.
	33	Total liabilities and net assets/fund balances	6,450,142.	33	6,400,993.

Form **990** (2020)

Pa	rt 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		,66			
2	Total expenses (must equal Part IX, column (A), line 25)	2	13	,45	8,3	54.	
3	3 Revenue less expenses. Subtract line 2 from line 1 3					29.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5	5,741,837			
5	Net unrealized gains (losses) on investments	5		123,147		47.	
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		0 .			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	6	,06	8,3	13.	
Pa	rt XII Financial Statements and Reporting	•					
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,				
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,		х		
review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-	udit				
	Act and OMB Circular A-133?			За	X		
b	<b>b</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			3b	X		

Form **990** (2020)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

university:

10

# **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.

Hope Villages of America, Inc.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number \*\*-\*\*9186

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college

activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from

functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) 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.)

Sec	ction A. Public Support		i				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9,848,926.	9,236,333.	11,349,496.	11,889,226.	13,220,173.	55,544,154.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	9,848,926.	9,236,333.	11,349,496.	11,889,226.	13,220,173.	55,544,154.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						55,544,154.
	ction B. Total Support						, ,
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	9,848,926.	9,236,333.	11,349,496.	11,889,226.	13,220,173.	55,544,154.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	8,844.	6,125.	9,877.	1,448.	694.	26,988.
9	Net income from unrelated business	-	-	-	-		<u> </u>
	activities, whether or not the						
	business is regularly carried on	6,000.	3,000.				9,000.
10	Other income. Do not include gain	-	-				<u> </u>
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11							55,580,142.
12	Gross receipts from related activities,	. etc. (see instruction	ons)			12	, ,
13	First 5 years. If the Form 990 is for the			fourth. or fifth tax	vear as a section 5	501(c)(3)	
	organization, check this box and stor		, , ,				<b>&gt;</b>
Sec	ction C. Computation of Publ						,
14	Public support percentage for 2020 (	line 6, column (f), d	divided by line 11, o	column (f))		14	99.94 %
15	Public support percentage from 2019					15	99.91 %
16a	33 1/3% support test - 2020. If the					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	,		,	X
b	33 1/3% support test - 2019. If the						is box
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances to		•	•			<b>▶</b> □
b	10% -facts-and-circumstances tes	_		*	-		
~	more, and if the organization meets the	•				•	
	organization meets the facts-and-circ		ŕ				
18	Private foundation. If the organization						s <b>&gt;</b>

# 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.)

Se	ction A. Public Support	clow, picase com	piete r art ii.j				
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and			, ,	,		
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-		1				
7	ization's benefit and either paid to or expended on its behalf						
_							
5	furnished by a governmental unit to the organization without charge						
6							
	Total. Add lines 1 through 5					1	
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6  a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ie organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publ						
	Public support percentage for 2020 (I			%			
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					1 1	
	Investment income percentage for 20					$\overline{}$	%
	Investment income percentage from 2						%
19a	a 33 1/3% support tests - 2020. If the						17 is not
ŀ	more than 33 1/3%, check this box as 33 1/3% support tests - 2019. If the						▶ L and
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Voc No

# 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	40		
	10a		
	10b		
m 9	90 or 99	90-EZ	2020

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

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 

За

6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting orga	nization (see
	instructions).			

1

2

3 4

5

Adjusted net income for prior year (from Section A, line 8, column A)

Minimum asset amount for prior year (from Section B, line 8, column A)

Schedule A (Form 990 or 990-EZ) 2020

1

3

5

Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

	dule A (Form 990 or 990-EZ) 2020 Hope Villages	s of America, I	nc.	*	*-***9186 Page	7
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(contint</sub>	ued)		
Sect	on D - Distributions		•		Current Year	
1	Amounts paid to supported organizations to accomplish exe		1			
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which t	the organization is responsive	e			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2020 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020		
_1_	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2020					
а	From 2015					
b	From 2016					
С	From 2017					
d	From 2018					
е	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
i	Carryover from 2015 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2020 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2016					

Schedule A (Form 990 or 990-EZ) 2020

**b** Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

Schedule A	(Form 990 or 990-EZ) 202	20 Hope	Villages	of	America	a, Iı	nc.	**-***9186 Page 8
Part VI	Supplemental Info Part IV, Section A, lines	<b>rmation.</b> 1, 2, 3b, 3c, 0, lines 2 and	Provide the expla 4b, 4c, 5a, 6, 9a, 3; Part IV, Sectio	nations 9b, 9c n E, lin	required by F , 11a, 11b, and es 1c, 2a, 2b,	Part II, lir d 11c; P 3a, and	ne 10; Part II, line 17 Part IV, Section B, line 3b; Part V, line 1; Pa	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V,

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

OMB No. 1545-0047

2020

Name of the organization

Hope Villages of America, Inc.

\*\*-\*\*\*9186

Organization type (check one):

_							
Filers of:	Section:						
Form 990 or 99	30-EZ $3$ ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
-	rganization is covered by the <b>General Rule</b> or a <b>Special Rule.</b> ection 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							
sectio any or	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 or 990-EZ), 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.						
contri literar	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.						
year, o is che purpo	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box cked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., se. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively us, charitable, etc., contributions totaling \$5,000 or more during the year   \$\bigsim \frac{1}{2} \text{ \$\infty} \text{ \$\infty} \frac{1}{2} \text{ \$\infty} \frac{1}{2} \text{ \$\infty} \frac{1}{2} \text{ \$\infty} \frac{1}{2} \text{ \$\infty} \text{ \$\infty} \frac{1}{2} \text{ \$\infty} \text						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).							

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

# Hope Villages of America, Inc.

\*\*-\*\*\*9186

Part I	<b>Contributors</b> (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	Juvenile Welfare Board of Pinellas County  14155 58th St. N. Ste 100  Clearwater, FL 33760	\$556,922.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	Florida Coalition Against Domestic Violence	Total contributions	Person X Payroll			
	425 Office Plaza Dr.	\$ 537,432.	Noncash (Complete Part II for			
	Tallahassee, FL 32301		noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	Feeding Tampa Bay		Person X Payroll			
	4702 Transport Dr. Bldg 6	\$ 715,159.	Noncash (Complete Part II for			
	Tampa, FL 33605		noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	Feeding Tampa Bay		Person Payroll			
	4702 Transport Dr. Bldg 6	\$ 4,165,625.	Noncash X			
	Tampa, FL 33605		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization

Employer identification number

# Hope Villages of America, Inc.

\*\*-\*\*\*9186

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
	Donated Food		
4			
		\$\$,165,625.	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
Tarti			
		\$	
(a)		(c)	
No. from	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(See instructions.)	Date received
		<sup> </sup>	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
T di Ci			
		.	
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		(	
3453 11-25	5.20		990. 990-EZ. or 990-PF) (20

Name of organization Employer identification number \*\*-\*\*\*9186 Hope Villages of America, Inc. 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 Part III 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift 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 Open to Public Inspection

Name of the organization

Hope Villages of America, Inc.

**Employer identification number** \*\*-\*\*\*9186

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor		-
			·
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ire
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year >		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	ervation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these item	S.
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		🕨 \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
h	Assets included in Form 990, Part Y		•

Pai	र्त III   Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Ot	her Simila	r Asse	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that mak	e significant u	se of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organization's e	xempt purpos	se in Parl	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or other sim	ilar assets		_		_
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes		No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes"	on Form 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Par	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	ian or other intermed	diary for contribution	is or other assets r	ot included		-		,
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
							Amoun	t	
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or co	ustodial account lia	bility?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Pai	t V Endowment Funds. Complete i								
		(a) Current year	(b) Prior year	(c) Two years back			(e) Four		
1a	Beginning of year balance	415,542.	391,329.	395,274	. 38	9,556.		374,	037.
b	Contributions								
С	Net investment earnings, gains, and losses	50,746.	24,213.	-3,944	•	5,718.		15,	519.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	466,288.	415,542.		. 39	5,274.		389,	556.
2	Provide the estimated percentage of the curr	rent year end baland		a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment 100.0000	%							
С	-	%							
_	The percentages on lines 2a, 2b, and 2c sho	•							
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered to	r the organiza	ition	ı	· I	
	by:						0.00	Yes X	No
	(i) Unrelated organizations						3a(i)	^	X
	(ii) Related organizations						3a(ii)	-+	
	If "Yes" on line 3a(ii), are the related organiza						3b		
Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment tunas.						
ı aı	Complete if the organization answere		Dort IV line 11e G	coo Form 000 Port	V line 10				
	·	(a) Cost or o	i i	i	-	.	(d) Doo	le volue	
	Description of property	basis (investr	` '		Accumulated depreciation	'	( <b>d</b> ) Boo	k value	9
4-	Land	<u> </u>	, l	9,242.	aopi colatioi i		18	9,24	12
	Land				,149,48	0.	$\frac{40}{3,41}$	-	
	Buildings Leasehold improvements		7,50	-,201• <del>-</del>	, , _ 0	<del>-  </del>	~, =1	_, _,	<u> </u>
q	Leasehold improvements		68	2,692.	404,80	3.	27	7,88	89.
	Equipment Other			5,063.	93,63			$\frac{7}{1}, \frac{3}{4}$	
	I. Add lines 1a through 1e. (Column (d) must e				23,03		4,18		
TULA	i Aud intes la tribugh le. (Column (a) must e	quai i Oiiii 330, Pail	$\Lambda$ , column (b), line 1	<i>oo.</i> /			-, - 0	- , - ·	<del></del>

Complete if the organization answered "Yes"	•		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)		1	
(F)			
(G)		+	
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		1	
(8)		+	
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	1 ">5
	Description		(b) Book value
(1) Beneficial interest in as		a third-party	302,204.
(2) Externally controlled end	lowment		466,288.
(3) Agency Reserve			213,548.
(4) Other Investments			243,110.
(5) Other Assets			6,818.
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	0.15)		1,231,968.
Part X Other Liabilities.	e 13.)		1,231,300.
	are Faure 000. Doubly line	- 11 111 Car Faura 000 Part V lina 0	-
Complete if the organization answered "Yes"	on Form 990, Part IV, IIII	e TTe or TTT. See Form 990, Part X, line 2	•
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)	<u> </u>		
(7)			
(8)			
(9)			1
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	25 )		
			that raparts tha
•		_	
organization's liability for uncertain tax positions unde	r FASB ASC 740. Check	·	
		Scl	nedule D (Form 990) 2020

Part XI	Recon	ciliation	of Revenue	per Audited	Financial Statements	With Revenue per	Return

Pai	Reconciliation of Revenue per Audited Financial Statement	ents with	i Revenue per R	eturi	11.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	13,816,252.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	123,147.		
b	Donated services and use of facilities	2b			
С					
d	Other (Describe in Part XIII.)	2d	31,422.		
е	Add lines 2a through 2d			2e	154,569.
3	Subtract line 2e from line 1			3	13,661,683.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	, , , , , , , , , , , , , , , , , , , ,			5	13,661,683.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	13,489,776.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	31,422.		
е	Add lines 2a through 2d			2e	31,422.
3	Subtract line 2e from line 1			3	13,458,354.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			

# 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

c Add lines 4a and 4b

**b** Other (Describe in Part XIII.)

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 X, Line 2:

"more likely than not" threshold to the recognition of the tax positions
being sustained based on the technical merits of the position under
scrutiny by the applicable taxing authority. If a tax position or
positions are deemed to result in uncertainties of those positions, the
unrecognized tax benefit is estimated based on a "cumulative probability
assessment" that aggregates the estimated tax liability for all uncertain
tax positions. HVA has identified its tax status as a tax-exempt entity
as its only significant tax position; however, HVA has determined that
such tax position does not result in an uncertainty requiring recognition.
RCS is not currently under examination by any taxing jurisdiction. HVA's

Schedule D (Form 990) 2020 Hope Villages of America, Inc.	**-***9186 Page <b>5</b>
Schedule D (Form 990) 2020 Hope Villages of America, Inc.  Part XIII Supplemental Information (continued)	2 _ 2 2 7 ugo 0
federal returns are generally open for examination for th	nree years
following the date filed.	
101101111111111111111111111111111111111	
Part XI, Line 2d - Other Adjustments:	
Fundraising expense netted against revenues	31,422.
Part XII, Line 2d - Other Adjustments:	
Fundraising expense netted against revenues	31,422.

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### Supplemental Information Regarding Fundraising or Gaming Activities

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization Employer identification number \*\*-\*\*\*9186 Hope Villages of America, Inc. 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. Mail solicitations Solicitation of non-government grants h Internet and email solicitations Solicitation of government grants ☐ Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 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.

Schedule G	(Form 990 or 990-EZ	2020 Hope	Villages	of	America,	Inc.	**-***9186	Page
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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 Blue Jean (add col. (a) through Ball FACES 1 col. (c)) (event type) (event type) (total number) Revenue 74,528. 30,630. 90,400. 195,558. 1 Gross receipts 2 Less: Contributions 74,528. 30,630. 90,400. 195,558. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 2,160. 2,160. 6 Rent/facility costs 7,656. 7,656. 7 Food and beverages ..... 6,150 260. 6,410. 8 Entertainment 15,196. 2,295. 9 Other direct expenses 12,901. 31,422. **10** Direct expense summary. Add lines 4 through 9 in column (d) 164,136. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor 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? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_\_ Yes **b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2020 Hope Villages of America, Inc. **-	<u>***9186</u>	Page 3
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:		
		13a	%
	The organization's facility		<u> </u>
	An outside facility	ISD	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party  \$\sim \frac{1}{2} = \frac		
,	If "Yes," enter name and address of the third party:		
`	711 100, Office that address of the third party.		
	Name		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of continue provided		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
47	Mandatan diatributiona		
	Mandatory distributions:		
â	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	└── No
k	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 ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990 or 990-EZ)	Hope Villages	of	America,	Inc.	**-***9186	Page 4
Part IV	Supplemental Infor	Hope Villages mation (continued)		-			
				-			

# SCHEDULEI (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.

2020	Open to Public Inspection
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► Go to www.irs.gov/Form990 for the latest information.

so the organization maintain records to substantiate the amount of the grants or assistance, the grantses' eligibility for the grants or assistance, and the selection are acted to award the grants or assistance?  Scale in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Grants and Other Assistance to Domestic Organizations and Domestic Organization and Bomestic Organization and Bomestic Organization and Bomestic Organization and Bomestic Organization and address of organization and address of organization (b) EIN (c) IRC section (d) Amount of (e) A	INDE VILIAGES OF PARTIL General Information on Grants and Assistance	Assistance					
aria used to award the grants or assistance?  Social and the organization and pomestic organizations and Domestic Organization (c) HCI section (d) Amount of (e) Amount of (a) Amount of (a) Amount of (a) Amount of (d) Amo	Does the organization maintain records to st	ubstantiate the amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the sele	ction
Procedures for monitoring the use of grant funds in the United States.  o Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 1 S5,000. Part II can be duplicated if additional space is needed.  (b) EIN (c) IRC section (d) Amount of (e) IRC section (d) Amount of (f) Method of (f) applicable) (d) Amount of (f) Method of (f) Method of (f) Description of assistance assistance assistance other)	criteria used to award the grants or assistan	Jce?		)			X Yes
Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization are so from 990, Part IV, line recipient that recoverd more than \$5,000. Part II can be duplicated if additional space is needed.  Name and addresses of organization  (if applicable)  (i	Describe in Part IV the organization's procec	dures for monitoring the use of gran	t funds in the United	d States.			
(if applicable) cash grant assistance (if applicable) cash grant assistance assistance (if applicable) cash grant assistance (if applicable) cash grant assistance assistance (if applicable) cash grant assistance (if applicable) cash grant assistance assistance (if applicable) cash grant assistance (if applicable) cash grant assistance assistance (if applicable) cash grant assistance assistance (if applicable) cash grant assistance (if applicable) cash grant assistance assistance assistance (if applicable) cash grant assistance (if applicable) cash grant assistance assistance assistance (if applicable) cash grant assistance assistance assistance (if applicable) cash grant assistance assistance assistance assistance assistance (if applicable) cash grant assistance assistan	$\overline{}$	mestic Organizations and Domest	ic Governments.	omplete if the orga	anization answered "\	/es" on Form 990, Pa	rt IV, line 21, for any
(if applicable) cash grant non-cash assistance assistance assistance assistance or other)	recipient that received more than \$5,0  1 (a) Name and address of organization	000. Part II can be duplicated if addi (b) EIN (c) IRC section	tional space is need (d) Amount of	led. (e) Amount of	(f) Method of	(g) Description of	(F)
	or government		cash grant	non-cash assistance	Valdation (Dook, FMV, appraisal, other)	noncash assistance	
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table  Enter total number of other organizations listed in the line 1 table	Enter total number of section 501(c)(3) and (	government organizations listed in tisted in t	he line 1 table				
r Form 990.		e the Instructions for Form 990.					Schedule I (Form 990) 2020

Hope Villages of America, Inc.

Page 2

\*\*-\*\*9186

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. Schedule I (Form 990) 2020

Part III

(f) Description of noncash assistance Jtilities payments paid (e) Method of valuation (book, FMV, appraisal, other) lent/Mortgage payment Bus passes, Taxi, car are broken out by Federal, State, and Local and then by the type of program of activities and programs that the assistance is allocated towards. Grants 0. seats, bike helmets 0. assistance provided paid on behalf of assistance and the type Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Cost of other on behalf of 0.individuals 0.individuals (d) Amount of non-cash assistance 8,946, 44,029. 13,654, 97,938 (c) Amount of cash grant οĘ HVA maintains records that describe the source (b) Number of recipients (a) Type of grant or assistance Transportation assistance 7 Electric and Utilities Part I, Line Rent and Mortgages Other

served

# **SCHEDULE J** (Form 990)

**Compensation Information** 

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**Questions Regarding Compensation** 

Department of the Treasury

Internal Revenue Service

Part I

Hope Villages of America, Inc. Employer identification number \*\*-\*\*\*9186

			Yes	No
<b>1</b> a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  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	1b		
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?	2		
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		X
	Any related organization?	5b		X
	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:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	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		Х
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		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Decidations section 52 4059 6(a)2	0	l	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2020

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

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

		(B) Breakdown of W-2	N-2 and/or 1099-MIS	and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation		(Q)·(i)(B)	in column (B) reported as deferred on prior Form 990
(1) Kirk Ray Smith	Ξ	151,413.	0	0	0	0	151,413.	0
President and CEO	<b></b>		0	0		0		0
	Ξ							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
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	(ii)							
	Ξ							
	(ii)							
032112 12-07-20							Schedu	Schedule J (Form 990) 2020

required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
criptions required for F
n, explanation, or des
he informatior
Provide t

Hope Villages of America, Inc.

-
FART I, LINE 3: HVA has an established salary structure with nositions grouned in salary
and with each gr
nual operating
This includes the personnel budgets for the agency. Cost of living
adjustments are typically made agency-wide, given sufficient anticipated
funding, with the percentages as recommended by the executive/finance
committee and then presented to the Board for approval.
Schedule J (Form 990) 2020

# **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

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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 for instructions and the latest information.

Name of the organization Hope Villages of America, Inc. Employer identification number \*\*-\*\*\*9186

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu	etermin	_	's
		аррисали	items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15								
16								
17	7 Real estate - Other							
18	3 Collectibles							
19	1 37   1 0 200 105							В
20	Drugs and medical supplies							
21	Taxidermy							
22								
23	Scientific specimens							
24								
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 82	83, Part V, D	Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I, lines 1 throu	igh 28, that it			
	must hold for at least three years from the dat							
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance					31		X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncast	1			
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is ch	ecked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

Schedule M	1 (Form 990) 2020 H	ope Vill	ages of	America,	Inc.		**-***9186	Page 2
Part II	Supplemental Ir is reporting in Part I, this part for any addi	<b>nformation.</b> Following to column (b), the retional information	Provide the info number of cont n.	rmation required l	by Part I, lines 30 nber of items rece	b, 32b, and 33, a eived, or a combir	nd whether the organiz nation of both. Also cor	zation mplete

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

# 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 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Hope Villages of America, Inc.

**Employer identification number** \*\*-\*\*\*9186

Form 990, Part I, Line 1, Description of Organization Mission: survivors of domestic violence.

Form 990, Part VI, Section B, line 11b:

A copy of the filed 990 will be provided to the Board of Directors, the Executive committee and the Finance committee after completion.

Form 990, Part VI, Section B, Line 12c:

Each board meeting has a written agenda which includes an item to inquire whether any board members have conflicts of interest to declare with respect to voting on particular agenda items. Agendas are e-mailed to board members in advance to the meetings.

Form 990, Part VI, Section B, Line 15a:

HVA has an established salary structure with positions grouped in salary grades and with each grade having minimum, midpoint, and maximum amounts. The annual operating budget of HVA is approved by the Board of Directors. This includes the personnel budgets for the agency. Cost of living adjustments are typically made agency-wide, given sufficient anticipated funding, with the percentages as recommended by the executive/finance committee. The board chair is the supervisor of the CEO for discussion and approval by the board.

Form 990, Part VI, Section C, Line 19:

HVA makes its financial statements, governing documents and conflict of interest policy available in person if requested in advance.

# **Hope Villages of America, Inc.**

**Financial Statements** 

September 30, 2021 & 2020



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#### INDEPENDENT AUDITOR'S REPORT

To the Board of Directors Hope Villages of America, Inc. Clearwater, Florida

#### **Report on the Financial Statements**

We have audited the accompanying financial statements of Hope Villages of America, Inc. (a nonprofit organization), which comprise the statements of financial position as of September 30, 2021 and 2020, and the related statements of activities and cash flows for the years then ended, the statement of functional expenses for the year ended September 30, 2021, and the related notes to the financial statements.

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

# Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits 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. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

# **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Hope Villages of America, Inc. as of September 30, 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.

#### CONTINUED

#### **INDEPENDENT AUDITOR'S REPORT - CONTINUED**

# Report on Summarized Comparative Information

We have previously audited the Organization's 2020 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated March 26, 2021. In our opinion, the summarized comparative information presented herein as of and for the year ended September 30, 2020, is consistent, in all material respects, with the audited financial statements from which it has been derived.

#### Other Matters

#### Other Information

Our audits were 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, 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 March 21, 2022, on our consideration of Hope Villages of America, Inc.'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 Hope Villages of America, Inc.'s 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 Hope Villages of America, Inc.'s internal control over financial reporting and compliance.

PDR CPAS + Advisors

Oldsmar, Florida March 21, 2022

# HOPE VILLAGES OF AMERICA, INC. STATEMENTS OF FINANCIAL POSITION SEPTEMBER 30, 2021 AND 2020

		2021		2020
<u>ASSETS</u>				
Current Assets	Φ	22.074	Φ	400 440
Cash and cash equivalents Grants receivable	\$	22,074 648,454	\$	189,110 644,230
Unconditional promises to give - current		6,500		17,175
Prepaid expenses		147,499		92,913
Total current assets		824,527		943,428
Property and equipment, net		4,180,360		4,314,577
Other Assets				
Externally controlled endowment		466,288		415,542
Beneficial interest in assets held by a third-party		302,204		239,287
Investments		605,796		530,490
Unconditional promises to give, net		15,000		-
Other assets		6,818		6,818
Total Assets	\$	6,400,993	\$	6,450,142
LIABILITIES AND NET ASSETS	<u> </u>			
Current Liabilities				
Accounts payable	\$	117,434	\$	92,267
Accrued personnel costs		103,283		113,424
Other accrued expenses		1,523		106
Current portion of notes payable		10,439		9,847
Total current liabilities		232,679		215,644
PPP Loan		-		382,200
Notes Payable, Net		100,001		110,461
Total Liabilities		332,680		708,305
Net Assets				
Without donor restrictions		4,846,444		4,658,447
With donor restrictions		1,221,869		1,083,390
Total net assets		6,068,313		5,741,837
Total Liabilities and Net Assets	\$	6,400,993	\$	6,450,142

See accompanying notes to financial statements

# HOPE VILLAGES OF AMERICA, INC. STATEMENT OF ACTIVITIES YEAR ENDED SEPTEMBER 30, 2021 (WITH COMPARATIVE TOTALS FOR 2020)

	Without Donor	With Donor	То	tal
	Restrictions	Restrictions	2021	2020
Public Support and Revenue				
Contributions	\$ 1,254,291	\$ 83,950	\$ 1,338,241	\$ 1,524,300
Federal grants	1,495,206	-	1,495,206	906,947
State and local grants	893,302	-	893,302	1,269,229
In-kind contributions Donated food - Feeding Tampa Bay	4,165,625		4,165,625	2,958,963
Donated food - other	5,228,455	-	5,228,455	5,242,023
Program fees	134,810		134,810	107,693
Change in beneficial interest	10-1,010		104,010	107,000
in assets held by a third-party	_	62,916	62,916	11,211
Change in value of		,	,	•
externally controlled endowments	_	50,746	50,746	24,213
Investment income, net	22,583	16,801	39,384	33,263
Other	25,367	-	25,367	38,078
Net assets released from restrictions	75,934	(75,934)		
Total public support and revenue	13,295,573	138,479	13,434,052	12,115,920
Evnonene				
Expenses Program services:				
Food Bank	10,245,038	_	10,245,038	8,929,810
Housing	722,727	-	722,727	801,910
Haven	1,392,975	-	1,392,975	1,269,013
Total program services	12,360,740		12,360,740	11,000,733
Supporting convince:				
Supporting services:  General and administrative	973,657		973,657	1,041,286
Fundraising	132,445	_	132,445	140,313
Tanaraioning	102,110		102,440	140,010
Total supporting services	1,106,102		1,106,102	1,181,599
Total Expenses	13,466,842	_	13,466,842	12,182,332
•				
Change in Net Assets Before Other Changes	(171,269)	138,479	(32,790)	(66,412)
Other Changes (Eveness) Bayes				
Other Changes - (Expense) Revenue Interest expense	(3,294)		(3,294)	(6,024)
Other	(44)	_	(44)	(0,024)
Gain on forgiveness of note payable - PPP	382,200	_	382,200	_
(Loss) Gain on sale of property and	002,200		002,200	
equipment	(19,596)	-	(19,596)	1,500
	· · · · · ·			
Total other changes	359,266		359,266	(4,524)
Change in Net Assets	187,997	138,479	326,476	(70,936)
Net Assets at Beginning of Year	4,658,447	1,083,390	5,741,837	5,812,773
Net Assets at End of Year	\$ 4,846,444	\$ 1,221,869	\$ 6,068,313	\$ 5,741,837

See accompanying notes to financial statements

# HOPE VILLAGES OF AMERICA, INC. STATEMENT OF ACTIVITIES YEAR ENDED SEPTEMBER 30, 2020

	Without Donor Restrictions	With Donor Restrictions	Total
Public Support and Revenue	<b>. </b>		
Contributions	\$ 1,371,801	\$ 152,499	\$ 1,524,300
Federal grants	906,947	-	906,947
State and local grants	1,269,229	-	1,269,229
In-kind contributions	0.050.000		0.050.000
Donated food - Feeding Tampa Bay	2,958,963	-	2,958,963
Donated food - other	5,242,023	-	5,242,023
Program fees	107,693	-	107,693
Appreciation in beneficial interest in assets held by a third-party		11 011	11 011
	-	11,211	11,211
Change in externally controlled endowments		24 212	24 242
	21,789	24,213	24,213 33,263
Investment income, net Other	38,078	11,474	38,078
Net assets released from restrictions	74,781	(74,781)	30,070
Net assets released from restrictions	14,701	(14,101)	
Total public support and revenue	11,991,304	124,616	12,115,920
Expenses			
Program services:			
Food Bank	8,929,810	_	8,929,810
Housing	801,910	_	801,910
Haven	1,269,013	_	1,269,013
1107011	1,200,010		1,200,010
Total program services	11,000,733		11,000,733
Supporting services:			
General and administrative	1,041,286	_	1,041,286
Fundraising	140,313	_	140,313
Total supporting services	1,181,599		1,181,599
Total Supporting Services	1,101,000		1,101,000
Total Expenses	12,182,332		12,182,332
Change in Net Assets Before Other Changes	(191,028)	124,616	(66,412)
Other Changes			
Interest expense	(6,024)	_	(6,024)
Gain on sale of property and	(0,021)		(0,021)
equipment	1,500	-	1,500
Total other changes	(4,524)		(4,524)
Change in Net Assets	(195,552)	124,616	(70,936)
Net Assets at Beginning of Year	4,853,999	958,774	5,812,773
Net Assets at End of Year	\$ 4,658,447	\$ 1,083,390	\$ 5,741,837

# HOPE VILLAGES OF AMERICA, INC. STATEMENTS OF CASH FLOWS YEARS ENDED SEPTEMBER 30, 2021 AND 2020

	2021	2020
Cash Flows from Operating Activities:		
Change in net assets	\$ 326,476	\$ (70,936)
Adjustments to reconcile change in net assets to		
net cash provided by (used in) operating activities:		
Depreciation	296,744	304,855
Bad debt expense	44	-
Gain (Loss) on disposal of fixed assets	19,596	(1,500)
Realized and unrealized gain on investments, net of fees	(43,179)	(31,815)
Appreciation in beneficial interest in assets		
held by a third-party, net of fees	(62,916)	(12,211)
Appreciation in externally controlled endowment	(50,746)	(24,213)
Gain on forgiveness of note payable - PPP	(382,200)	-
Decrease (Increase) in:		
Grants receivable	(4,224)	(203,719)
Unconditional promises to give, net	(4,325)	65,184
Other receivable	-	5,921
Prepaid expenses	(54,586)	(76,561)
Other assets	(45)	500
Increase (Decrease) in:		
Accounts payable	25,167	52,433
Accrued personnel costs	(10,141)	(28,419)
Other accrued expenses	1,417	(2,150)
Net cash provided by (used in) operating activities	57,082	(22,631)
Cash Flows from Investing Activities:		
Purchases of property and equipment	(182,123)	(32,748)
Proceeds from the sale of property and equipment	-	1,500
Proceeds from beneficial interest in assets held by a third-party	_	6,248
Purchases of investments	(239,896)	(652,721)
Proceeds from sale of investments	207,769	433,842
Net cash used in investing activities	(214,250)	(243,879)
Cash Flows from Financing Activities:		
Payments on note payable	(9,868)	(10,392)
Proceeds from PPP loan	(9,000)	382,200
Floceeds from FFF todii	<u>-</u>	302,200
Net cash (used in) provided by financing activities	(9,868)	371,808
Net (Decrease) Increase in Cash and Cash Equivalents	(167,036)	105,298
Cash and Cash Equivalents at Beginning of Year	189,110	83,812
Cash and Cash Equivalents at End of Year	\$ 22,074	\$ 189,110
SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION: Cash paid during the year for interest Purchases of property and equipment via issuance of note payable	\$ 3,294 \$ -	\$ 6,024 \$ 87,238

See accompanying notes to financial statements

# HOPE VILLAGES OF AMERICA, INC. STATEMENT OF FUNCTIONAL EXPENSES YEAR ENDED SEPTEMBER 30, 2021 (WITH COMPARATIVE TOTALS FOR 2020)

	Program Services			Supporting Services			Total E	Total Expenses			
•							Administrative Total				<u> </u>
	Food		·	Goldsmith	Total	Program	and		Supporting		
	Bank	Haven	Grace House	Gardens	Housing	Services	General	Fundraising	Services	2021	2020
Regular earnings	\$ 350,237	\$ 707,133	\$ 247,069	\$ -	\$ 247,069	\$ 1,304,439	\$ 569,629	\$ 66,031	\$ 635,660	\$ 1,940,099	\$ 2,000,582
Labor costs	26,054	51,843	17,426	· -	17,426	95,323	43,004	4,367	47,371	142,694	147,189
Employee insurance benefits	31,119	63,626	36,122	-	36,122	130,867	18,272	-	18,272	149,139	200,176
PEO human resources support systems	-	-	165	-	165	165	-	-	_	165	4,741
Retirement	785	1,547	3,198	-	3,198	5,530	5,358	-	5,358	10,888	17,488
Temporary services	19,816					19,816				19,816	66,452
Total salaries and related expenses	428,011	824,149	303,980	-	303,980	1,556,140	636,263	70,398	706,661	2,262,801	2,436,628
Advertising	592	347	120	_	120	1,059	7,365	1,083	8,448	9,507	1,496
Bank and investment fees	_	-	-	-	-	-	18,635	-	18,635	18,635	16,721
Casualty insurance	33,793	40,044	42,569	34,970	77,539	151,376	10,299	-	10,299	161,675	127,740
Contract services	5,844	20,411	5,678	-	5,678	31,933	140,432	31,278	171,710	203,643	136,939
Depreciation	101,394	86,474	60,640	36,475	97,115	284,983	11,761	-	11,761	296,744	304,855
In-kind food	9,394,080	-	-	-	-	9,394,080	-	-	-	9,394,080	8,200,986
Food - other	44,853	14,748	-	-	-	59,601	-	-	-	59,601	27,932
Legal and professional	-	4,873	-	-	-	4,873	38,774	-	38,774	43,647	51,960
Miscellaneous	8,454	15,476	5,443	2,146	7,589	31,519	33,801	25,072	58,873	90,392	74,191
Public awareness	51,984	-	-	-	-	51,984	-	-	-	51,984	44,666
Meetings and conferences	231	85	-	-	-	316	8,496	-	8,496	8,812	11,790
Non-capital equipment	8,886	4,412	1,831	-	1,831	15,129	1,696	-	1,696	16,825	41,356
Rent and lease expense	44,052	6,688	3,344	1,050	4,394	55,134	5,226	1,080	6,306	61,440	25,554
Postage and printing	1,570	8,833	103	159	262	10,665	2,629	3,397	6,026	16,691	12,954
Repairs and maintenance	60,125	84,262	45,278	5,935	51,213	195,600	18,824	-	18,824	214,424	234,098
Security	2,320	12,415	7,012	529	7,541	22,276	1,291	-	1,291	23,567	19,511
Program participant expenses	5,041	105,770	53,536	-	53,536	164,347	220	-	220	164,567	95,910
Supplies	4,896	83,132	3,122	183	3,305	91,333	10,795	137	10,932	102,265	45,851
Travel	1,449	2,323	-	-	-	3,772	4,082	-	4,082	7,854	3,234
Utilities	47,463	78,533	79,990	28,634	108,624	234,620	23,068		23,068	257,688	267,960
	\$ 10,245,038	\$ 1,392,975	\$ 612,646	\$ 110,081	\$ 722,727	\$ 12,360,740	\$ 973,657	\$ 132,445	\$ 1,106,102	\$ 13,466,842	\$ 12,182,332

#### **NOTE A - NATURE OF ORGANIZATION**

Hope Villages of America, Inc. (HVA) (the Organization) is a Florida nonprofit corporation. HVA, formally known as Religious Community Services, Inc. (RCS) was founded in 1967 by 14 congregations for the purpose of assisting cooperating local congregations in developing and/or supporting interfaith community service programs to meet human needs. Today the mission of HVA is to feed the hungry, help homeless families return to self-sufficiency, and empower survivors of domestic violence.

HVA's major programs consist of the following:

- HVA Food Bank provides food to individuals and families.
- HVA Grace House offers shelter and comprehensive case management to families who are homeless. Additional services include rent, mortgage, and utility assistance as funds are available
- The Haven of HVA is a state-certified comprehensive domestic violence center providing emergency and permanent housing. The program also offers an extensive outreach program of community education, violence prevention initiatives, advocacy, and an array of supportive services for survivors of domestic violence and their children.
- Goldsmith Gardens provides an affordable housing option to participants as a 'next step' in their journey to self-sufficiency. While residing at the property, participants will receive case management to help them meet their personal, educational, and career goals.

HVA programs are sustained by a variety of funding sources. Funding is contributed by individual donors, private foundations, and corporate sources. Other significant sources of funding include support of the U.S. Federal Government and the State of Florida. Local municipalities, the Juvenile Welfare Board Children's Services Council, United Way Suncoast, and local congregations also provide funding to support HVA's mission.

#### NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### **Basis of Presentation**

The accompanying financial statements of HVA have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (US GAAP).

Net assets and revenues, expenses, gains and losses are classified based on the existence or absence of donor restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

- Net assets without donor restrictions Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of the Organization's management and the board of directors.
- *Net assets with donor restrictions* Net Assets subject to stipulations imposed by donors, and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

#### NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

# **Measure of Operations**

The statements of activities reports all changes in net assets, including changes in net assets from operating and nonoperating activities. Operating activities consist of those items attributable to the Organization's ongoing services. Nonoperating activities, if any, are limited to other activities considered to be of a more unusual or nonrecurring nature.

#### **Use of Estimates**

The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Accordingly, actual results could differ from those estimates. Significant estimates include the collectability of receivables, determination of the useful lives of the property and equipment, the fair value of investments, endowments, and beneficial interests, and the allocation of functional expenses.

# **Cash and Cash Equivalents**

Cash and cash equivalents consist of cash on deposit with financial institutions, short-term certificates of deposit, and money market mutual fund accounts. HVA considers all short-term debt instruments with a maturity of three months or less at the time of purchase to be cash equivalents.

Financial instruments which potentially subject HVA to concentrations of credit risk consist principally of cash held in financial institutions in excess of federally-insured limits. From time to time throughout the years ended September 30, 2021 and 2020, HVA's cash balance may have exceeded the federally insured limit. However, HVA has not experienced and does not expect to incur any losses in such accounts.

#### **Grants Receivable**

Grants receivable represent grant revenues that have been billed but not collected as of the date of the accompanying financial statements. HVA provides for probable uncollectible amounts through a charge to earnings and a credit to the allowance for doubtful accounts when, in management's estimation, it is probable that the receivable is not collectible. Management believes that all grants receivable are fully collectible and therefore no allowance for doubtful accounts has been recorded at September 30, 2021 and 2020.

# **Property and Equipment**

Property and equipment with an acquisition cost or donated value of \$1,000 or more and a useful life of more than one year are capitalized. Purchases of property and equipment are recorded at cost. Donations of property and equipment are recorded at their estimated fair market value. Property acquired with governmental funds is considered to be owned by HVA while used in the program for which it was purchased or in the future authorized programs; however, its disposition as well as the ownership of any proceeds therefrom is subject to applicable regulations.

#### NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

# **Property and Equipment - Continued**

Depreciation is computed using the straight-line method over the following estimated useful lives of the related assets:

	<u>Years</u>
Buildings and improvements	5 - 35
Vehicles	5 - 15
Furnishings	5
Equipment	3 - 10

# **Investments**

Investment purchases are recorded at cost, or if donated, at fair value on the date of donation. Thereafter, investments are reported at their estimated fair values in the statement of financial position. Cash designated for long-term purposes is included in investments. Investment income or loss is reported in the statements of activities and consists of interest and dividend income and realized and unrealized gains and losses. Investment fees are included as a component of investment income, net, within the statements of activities.

# **Fair Value Measurements**

HVA defines fair value in accordance with US GAAP, which specifies a hierarchy of valuation techniques. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1) and lowest priority to measurements involving significant unobservable inputs (Level 3). The Organization measures certain assets at fair value on a recurring basis. The three levels of the fair value hierarchy are as follows:

Level 1 : Unadjusted quoted market prices for identical assets or liabilities in active markets which 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 judgement as to assumptions a market participant would use, including inputs derived from extrapolation and interpolation that are not corroborated by observable market data.

During the years ended September 30, 2021 and 2020, there were no changes to the Organization's valuation techniques.

#### NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

# **Revenue Recognition**

#### **Grants and Contributions**

HVA reports grants and contributions that are restricted by the donor as increases in net assets with donor restrictions. When a donor restriction expires, that is when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions. All other donor restricted contributions are reported as increases in net assets with donor restrictions depending on the nature of the restrictions. Donor restrictions that are satisfied within the year of contribution are shown as unrestricted increases in net assets without donor restrictions.

Certain grants, including cost reimbursement contracts, are considered conditional contributions since the grant agreements require HVA to perform services, incur expenses or meet contract objectives to earn the grant funding. Revenue under these contracts is deferred until earned. Revenue is earned and recognized in the financial statements when eligible expenses are incurred, services performed, or grant objectives met.

#### Promises to Give

Conditional promises to give are not recognized in the financial statements until the conditions are substantially met or explicitly waived by the donor. Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected in more than one year are recorded at fair value, which is measured as the present value of their future cash flows. The discounts on those amounts are computed using risk-adjusted interest rates applicable to the years in which the promises are received. Amortization of the discounts is included in contribution revenue. In the absence of donor stipulations to the contrary, promises with payments due in future periods are restricted to use after the due date. Unconditional promises to give are evaluated on a regular basis and management establishes the allowance as necessary. As of September 30, 2021 and 2020, management established an allowance for uncollectible promises to give in the amount of \$-0- and \$200, respectively. There was no bad debt expense for the years ended September 30, 2021 and 2020.

# **Donated Services and Materials**

The value of food donated to the HVA Food Bank and food distributed under the USDA Food Programs are recorded as contributions at their estimated values at the date of receipt. Volunteers provide valuable services throughout HVA including assisting with general office work, sorting and distributing food, remodeling apartments, assisting with group sessions, and childcare. HVA does not record the value of these volunteer hours in the financial statements because the tasks performed do not require professional skills. Nevertheless, volunteers play an indispensable role in the operation of all programs.

# **Advertising Costs**

Advertising costs are expensed as incurred.

#### NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

#### **Income Tax Status**

HVA is a not-for-profit organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes has been recorded. However, income from certain activities not directly related to HVA's tax-exempt purpose is subject to taxation as unrelated business income.

HVA accounts for the effect of any uncertain tax positions based on a "more likely than not" threshold to the recognition of the tax positions being sustained based on the technical merits of the position under scrutiny by the applicable taxing authority. If a tax position or positions are deemed to result in uncertainties of those positions, the unrecognized tax benefit is estimated based on a "cumulative probability assessment" that aggregates the estimated tax liability for all uncertain tax positions. HVA has identified its tax status as a tax-exempt entity as its only significant tax position; however, HVA has determined that such tax position does not result in an uncertainty requiring recognition. HVA is not currently under examination by any taxing jurisdiction. HVA's federal returns are generally open for examination for three years following the date filed.

# **Statement of Functional Expenses**

The costs of providing the various programs and other activities have been summarized on a functional basis in the accompanying statement of functional expenses. Salaries and other expenses that are associated with a specific program are charged directly to that program. Expenses that benefit more than one program are allocated to the various programs based on the relative benefit provided. Administrative and other support expenses are allocated to the various programs based on a formula established by management to reflect the relative benefit.

#### Impairment of Long-Lived Assets

Long-lived assets are reviewed for impairment whenever events or changes in circumstances indicate that the net carrying amount may not be recoverable. Recoverability of the long-lived asset is measured by comparison of the carrying amount of the asset to future undiscounted net cash flows expected to be generated by the asset. If such asset is considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the asset exceeds the estimated fair value of the asset. There were no indications of impairment during the years ended September 30, 2021 and 2020.

#### **Comparative Financial Information**

The financial statements include certain prior-year summarized comparative total amounts. Such information does not include sufficient detail to constitute a presentation in conformity with US GAAP. Accordingly, such information should be read in conjunction with HVA's financial statements for the year ended September 30, 2020, from which the summarized information was derived.

#### **NOTE C - AVAILABILITY AND LIQUIDITY**

The following represents the Organization's financial assets available to meet general expenditures within one year at September 30:

	2021	2020	
Financial Assets:			
Cash and cash equivalents Grants receivable Unconditional promises to give - current Investments	\$ 22,074 648,454 6,500 605,796	\$ 189,110 644,230 17,175 530,490	
Total financial assets	1,282,824	1,381,005	
Less amounts not available to be used within one year: Net assets with donor restrictions			
Internal endowment funds (Neumann)	149,138	132,337	
Various use restrictions	281,740	278,049	
	430,878	410,386	
Financial assets available to meet general expenditures over the next twelve months	\$ 851,946	\$ 970,619	

The Organization's goal is generally to maintain financial assets to meet 90 days of operating expenses. As described in **Note J**, the Organization has a \$500,000 line-of-credit available for use in meeting financial obligations.

# NOTE D - UNCONDITIONAL PROMISES TO GIVE

Unconditional promise to give consist of the following at September 30:

		2021	2020		
Gross unconditional promises to give	\$	21,500	\$	17,375	
Less: Allowance for uncollectible amounts				(200)	
Unconditional promises to give, net	\$	21,500	\$	17,175	
Amounts due in: Less than one year One to three years		6,500 15,000	\$	17,375 -	
	\$	21,500	\$	17,375	

# **NOTE E - PROPERTY AND EQUIPMENT**

Property and equipment consists of the following at September 30:

	-	2021	 2020
Land	\$	489,242	\$ 489,242
Buildings and improvements		7,561,281	7,542,021
Vehicles		376,212	287,962
Furnishings		95,063	95,063
Equipment		306,480	303,968
		8,828,278	 8,718,256
Less accumulated depreciation		(4,647,918)	 (4,403,679)
	\$	4,180,360	\$ 4,314,577

Depreciation expense was \$296,744 and \$304,855 for the years ended September 30, 2021 and 2020, respectively.

# **NOTE F - INVESTMENTS**

HVA's investments, which include the internally controlled endowment assets, consist of the following at September 30:

	2021			2020				
		Cost	t Market		Cost		Market	
Cash and cash equivalents Mutual funds Equities	\$	194,757 244,412 114,488	\$	194,758 258,865 152,173	\$	156,555 221,482 156,555	\$	156,555 239,956 133,979
Total	\$	553,657	\$	605,796	\$	534,592	\$	530,490

#### NOTE F - INVESTMENTS - CONTINUED

The following schedule summarizes investment return on the above investments for the years ended September 30:

	 2021	2020		
Dividends and interest, net of fees Realized gain on investments Unrealized gain on investments	\$ (3,795) 29,034 14,145	\$	1,448 26,637 5,178	
Total investment return	\$ 39,384	\$	33,263	

#### **NOTE G - ENDOWMENTS**

# **Externally Controlled Endowment**

HVA is an income beneficiary in a perpetual trust held by a third party. HVA's beneficial interest in this perpetual trust is measured based on the fair market value of the trust assets. The change in the fair market value of the trust assets is reported as gains and losses with donor restrictions on the statement of activities. Income distributions from the trust are reported in contributions without donor restrictions. In 2021 and 2020, there were no income distributions from the trust.

# Internally Controlled Endowment

The internally controlled endowment (Neumann) consists of \$100,000 to be held in perpetuity. Interest and dividend earnings are to be used solely for the benefit of the HVA Grace House program at management's discretion. As required by GAAP, net assets associated with endowment funds are classified and reported based on the existence of donor-imposed restrictions.

HVA classifies as donor restricted net assets (a) the original value of gifts donated to the endowment that does not exceed \$100,000 dollars, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. For endowment funds, the donors have stipulated that additional accumulation of funds above and beyond the permanent endowment are unrestricted to the HVA Grace House and are therefore classified as donor restricted for use purposes.

#### NOTE G - ENDOWMENTS - CONTINUED

#### <u>Internally Controlled Endowment - Continued</u>

The internally controlled endowment's investment policy is based on providing funding for the HVA Grace House program operations. Domestic equities (including all convertible securities) may represent up to 65% of the account's market value, while international equities may comprise but not exceed 30% of the value. Domestic fixed income securities (including preferred stocks) are not to exceed 70% of the accounts market value. Cash equivalents (including all senior debt securities with under two-year maturity) may be held to maximum of 100% of the account's market value.

Equity holdings must represent companies meeting a minimum capitalization requirement of \$100,000,000 dollars with high market liquidity. Private placements, letter stocks, option securities, short sales, and margin transactions are prohibited. No single equity may comprise 5% or more of the total account value and equities cannot be more than 20% invested in a single industry.

Fixed income holdings with a greater than 30-year maturity are prohibited. No single fixed income holding may comprise 5% of more of the total account value. Bond ratings must be BBB or better and Advisors are prohibited from investing in private placements, and from speculating in fixed income or interest rate futures.

The Board of Directors of HVA has interpreted the Florida Uniform Prudent Management of Institutional Funds Act (FUPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, HVA classifies as donor restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanent donor restricted net assets is classified as donor restricted net assets for use purposes until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard of prudence prescribed by FUPMIFA.

Any amount not appropriated for expenditure will be reclassified, subject to the original endowment restrictions imposed by the donor. In accordance with FUPMIFA, the organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- 1. the duration and preservation of the fund;
- 2. the purposes of the organization and the donor-restricted endowment fund;
- 3. general economic conditions;
- 4. the possible effect of inflation and deflation;
- 5. the expected total return from income and the appreciation of investments;
- 6. other resources of the organization
- 7. the investment policies of the organization

#### NOTE G - ENDOWMENTS - CONTINUED

#### **Endowments - General**

The externally controlled endowment and beneficial interest held by third-party are invested according to third-party decisions; HVA has no control over the investment policies.

Endowment net asset composition by type of fund consist of the following:

	Donor Restricted	Donor Restricted			
September 30, 2021	For Use	in Perpetuity	Total		
Donor restricted endowment funds Internally controlled, Neumann Externally controlled, Carlson Trust Beneficial interest in assets held	\$ 49,138 -	\$ 100,000 466,288	\$ 149,138 466,288		
by a third-party	196,047	106,157	302,204		
	\$ 245,185	\$ 672,445	\$ 917,630		
September 30, 2020	Donor Restricted For Use	Donor Restricted in Perpetuity	Total		
Donor restricted endowment funds					
Internally controlled, Neumann Externally controlled, Carlson Trust Beneficial interest in assets held	\$ 32,337 -	\$ 100,000 415,542	\$ 132,337 415,542		
by a third-party	135,130	104,157	239,287		

NOTE G - ENDOWMENTS - CONTINUED

Changes in endowment net assets for the years ended September 30 include:

September 30, 2021	Donor Restricted For Use	Donor Restricted in Perpetuity	Total
September 30, 2021	101036	iii i erpetuity	- I Otal
Endowments, beginning of year Donations	\$ 167,467 3,000	\$ 619,699 -	\$ 787,166 3,000
Disbursements Investment return:	-	-	-
Investment income (net of fees)  Net appreciation (realized and	3,632	-	3,632
unrealized)	73,086	50,746	123,832
Endowments, end of year	\$ 247,185	\$ 670,445	\$ 917,630
	Donor	Donor	
September 30, 2020	Restricted For Use	Restricted in Perpetuity	Total
Endowments, beginning of year Donations	\$ 150,029 1,000	\$ 595,486 -	\$ 745,515 1,000
Disbursements	(6,248)	-	(6,248)
Investment return: Investment income (net of fees)	,	- - -	(6,248) - 2,050
Investment return:	(6,248)	- - - - 24,213	· -

#### NOTE H - BENEFICIAL INTEREST IN ASSETS HELD BY A THIRD PARTY

On September 24, 2007, HVA entered into an agreement with Community Foundation of Tampa Bay (Community Foundation) establishing The Religious Community Services Gift of Food Endowment Fund (the Fund). The Fund was established with the purpose of providing HVA an annual distribution from the income of the Fund and to preserve the Fund's principal. The assets of the Fund will be in the possession of Community Foundation and will be invested at the discretion of Community Foundation. Contributions will be received through gifts or bequests from individuals, corporations, and other charitable organizations. The terms of the fund agreement permit HVA, in certain circumstances and subject to certain limitations, to request a return of some or all of the assets contributed to the Fund by HVA. A request of return of funds will be considered by Community Foundation only for unforeseeable emergencies (e.g., fires, storms, major structural defects to building, etc.) and capital expenditure requirements as a result of unforeseeable emergencies and only following the one-year anniversary of the Fund's existence. In addition, a request of return of funds is permitted only if the Fund has a balance of at least \$100,000.

#### NOTE H - BENEFICIAL INTEREST IN ASSETS HELD BY A THIRD PARTY - CONTINUED

The Fund is held and invested by the Community Foundation for the Organization's benefit and is reported at fair value in the accompanying statements of financial position, with distributions and changes in fair value recognized in the statements of activities. During the years ended September 30, 2021 and 2020, \$2,000 and \$1,000 contributions were received, respectively.

#### **NOTE I - FAIR VALUE MEASUREMENT**

The investments of HVA are reported at fair value in the accompanying statements of financial position. Following is a description of the valuation methodologies used for investments measured at fair value.

<u>Cash and cash equivalents</u> -The carrying amounts reported in the statements of financial position approximate the fair value due to the short maturities of those investments.

<u>Mutual funds and equities</u> - Valued at the quoted market price reported on the applicable exchange on which the fund is traded.

<u>Fixed income</u> - Comprised of US Treasuries and corporate and municipal bonds valued by the custodians of the securities using pricing models based on credit quality, time to maturity, stated interest rates, and market-rate assumptions.

<u>Externally controlled endowment and beneficial interest in assets held by a third-party</u> - The investments are managed by the third parties and are valued based upon the third-party information without adjustment. HVA does not develop nor are they provided with the quantitative inputs used to develop the fair market values.

The following is a summary of the levels within the fair value hierarchy for HVA's assets measured at fair value on a recurring basis as of September 30, 2021:

	Fair Value Measurements Using						sing			
			Quo	ted Prices						
			lı	n Active	Sign	ificant				
			Ma	arkets for	Ot	her	Si	gnificant		
		Assets	le	dentical	Obse	rvable	Uno	bservable		
	Measured at		Measure			Assets	In	outs		Inputs
Description:	Fair Value		Level 1		Level 2		Level 3			
Investments:										
Cash and cash equivalents	\$	194,758	\$	194,758	\$	-	\$	-		
Mutual funds		258,865		258,865		-		-		
Equities		152,173		152,173		-		-		
Externally controlled endowment		466,288		_		-		466,288		
Beneficial interest in assets										
held by a third-party		302,204		-		-		302,204		
Total assets at fair value	\$	1,374,288	\$	605,796	\$	_	\$	768,492		

#### NOTE I - FAIR VALUE MEASUREMENT - CONTINUED

The following is a summary of the levels within the fair value hierarchy for HVA's assets measured at fair value on a recurring basis as of September 30, 2020:

	Fair Value Measurements Using						sing			
			Quo	ted Prices				_		
				n Active arkets for	•	ficant her	Si	gnificant		
	Assets				_	dentical		rvable	Uno	bservable
Description:	Measured at Fair Value		Assets Level 1		Inputs Level 2		Inputs Level 3			
Investments:					_					
Cash and cash equivalents	\$	156,555	\$	156,555	\$	-	\$	-		
Mutual funds		239,956		239,956		-		-		
Equities		133,979		133,979		-		-		
Externally controlled endowment Beneficial interest in assets		415,542		-		-		415,542		
held by a third-party		239,287				-		239,287		
Total assets at fair value	\$	1,185,319	\$	530,490	\$	-	\$	654,829		

The following is a reconciliation of HVA's Level 3 investments:

	 2021	 2020
Balance at beginning of the year	\$ 654,829	\$ 624,653
Investment income	4,749	3,842
Net appreciation (realized/unrealized)	109,001	33,417
Contributions	2,000	1,000
Distributions	-	(6,248)
Investment fees	 (2,087)	 (1,834)
	\$ 768,492	\$ 654,829

#### Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. There were no transfers in 2021 and 2020.

#### NOTE J - LINE-OF-CREDIT

HVA has a \$500,000 line-of-credit with a bank secured by substantially all assets of HVA. Borrowings under the line-of-credit bear interest at prime rate plus 2.35% (5.60% at September 30, 2021). The line-of-credit matures July 2022. There was no outstanding balance on the line-of-credit at September 30, 2021 and 2020.

#### **NOTE K - LONG-TERM DEBT**

#### Payroll Protection Program Loan

In April 2020, HVA received a loan under the Paycheck Protection Program (PPP) in the amount of \$382,200. The PPP, established as part of the Coronavirus Aid, Relief and Economic Security Act (CARES Act), provides loans to qualifying entities. The loan and accrued interest are forgivable if the loan proceeds are used for qualifying expenses as described in the CARES Act. The loan accrues interest at 1% and was originally payable in eighteen monthly installments of principal and interest commencing seven months after the loan date if the loan, in whole or in part, was not forgiven under the provisions of the PPP. The loan is a program of the U.S. Small Business Administration (SBA) and is administered by Regions Bank (lender).

During 2021, HVA used all proceeds from the loan for qualifying expenses and applied for forgiveness of the PPP loan. In February 2021, the Organization received approval of its application for loan forgiveness and the loan was fully forgiven. HVA recognized a \$382,200 gain on forgiveness of note payable which is included in the accompanying statements of activities for the year ended September 30, 2021.

#### Notes Payable

Notes payable consists of the following at September 30:

, , , , , , , , , , , , , , , , , , ,	 2021	2020
Note payable, monthly payments of \$965, including interest at 5.85%; maturing in January 2024, secured by a vehicle	\$ 23,202	\$ 33,070
Mortgage note payable to Pinellas County Community Development of \$87,238, principal and interest deferred through January 2023, then monthly payments		
of \$393, including interst at 3%, maturing March 2050	87,238 110,440	 87,238 120,308
Less current portion	 (10,439)	 (9,847)
Notes payable, net	\$ 100,001	\$ 110,461

#### NOTE K - LONG-TERM DEBT - CONTINUED

Future minimum payments payable under the notes are as follows:

Years Ending September 30,	-	
2022	\$	10,439
2023		12,702
2024		3,876
2025		2,246
2026		2,315
Thereafter		78,862
	\$	110,440

#### **NOTE L - OPERATING LEASES**

HVA, as lessee, has various noncancelable leases for equipment, all of which are classified as operating leases. Rent expense under these noncancelable leases totaled \$61,440 and \$25,554 for the years ended September 30, 2021 and 2020, respectively. Future minimum lease payments were as follows:

Years Ending September 30,	_	
2022 2023	\$	18,467 18,467
2024		16,928
	\$	53,862

#### **NOTE M - NET ASSETS WITH DONOR RESTRICTIONS**

Net assets with donor restrictions as of September 30, 2021 and 2020 consist of the following:

	2021		 2020
Subject to use restrictions:			
Unconditional promises to give	\$	21,500	\$ 17,175
Beneficial interest in assets held by a third-party		196,047	135,130
Grace House - Neumann earnings		49,138	32,337
Various use restrictions		281,740	 278,049
		548,425	462,691
Net assets held in perpetuity:			
Endowment funds (Neumann)		100,000	100,000
Beneficial interest in assets held by a third-party		106,157	104,157
Externally controlled endowment (Carlson)		466,287	415,542
Cash		1,000	 1,000
		673,444	620,699
	\$	1,221,869	\$ 1,083,390

Included in various use restrictions are funds for use at the HVA Food Bank and HVA Grace House programs.

#### **NOTE N - EMPLOYEE BENEFIT PLANS**

HVA has in place a 401(k) plan (Plan) for eligible employees. The Plan permits the management of HVA to determine the matching rate for each plan year. During the fiscal years ended 2021 and 2020, HVA matched employee contributions at the rate of \$0.50 per dollar of employee contributions up to 4% of each enrolled employee's salary. Retirement matching contributions amounted to \$10,888 and \$17,488 for fiscal years ended September 30, 2021 and 2020, respectively.

#### NOTE O - CONCENTRATIONS, COMMITMENTS AND CONTINGENCIES

#### Concentration

At September 30, 2021, four funders accounted for approximately 98% of total grants receivable and two funders accounted for approximately 66% of total grants receivable at September 30, 2020.

#### NOTE O - CONCENTRATIONS, COMMITMENTS AND CONTINGENCIES - CONTINUED

#### Commitments

HVA is subject to state and federal audit examination to determine compliance with grant conditions. In the event that expenditures would be disallowed, repayment could be required. It is the opinion of management that no grant expenditures will be disallowed. HVA is also subject to several federal matching requirements, which have been met through local grants and private donations. HVA has entered into various land use restriction agreements in connection with grant funding received for acquisition and renovation of the Haven of HVA. Under these agreements, the Haven of HVA property must be maintained and used in accordance with the agreements for periods ranging from various dates, the latest expiring September 30, 2033. HVA has entered into various land use restriction agreements in connection with grant funding received for the acquisition and renovation of the HVA Food Bank. Under these agreements, the HVA Food Bank property must be maintained and used in accordance with the agreements for periods ranging from various dates, the latest expiring March 8, 2026.

#### Contingency - Legal

HVA is a defendant in a lawsuit brought by prior employees, filed in early 2019. Management is of the opinion that the claim is without merit. It is the opinion of management that the resolution of outstanding claims will not have a material adverse effect on the financial position or results of operations of HVA.

#### Contingency - COVID-19

On January 30, 2020, the World Health Organization (WHO) announced a global health emergency because of a new strain of coronavirus originating in Wuhan, China (the COVID-19 outbreak) and the risks to the international community as the virus spreads globally beyond its point of origin. In March 2020, the WHO classified the COVID-19 outbreak as a pandemic, based on the rapid increase in exposure globally.

The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. As such, it is uncertain as to the full magnitude that the pandemic will have on the Organization's financial condition, liquidity, and future results of operations. Management is actively monitoring the situation on its financial condition, liquidity, operations, suppliers, industry, and workforce. Given the daily evolution of the COVID-19 outbreak and the global responses to curb its spread, the Organization is not able to estimate the effects of the COVID-19 outbreak on its results of operations, financial condition, or liquidity for the year ended September 30, 2022.

#### **NOTE P - SUBSEQUENT EVENTS**

HVA has evaluated all subsequent events through March 21, 2022 the date the financial statements were available to be issued. HVA is not aware of any subsequent events which would require recognition or disclosure in the financial statements.



#### HOPE VILLAGES OF AMERICA, INC. SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS YEAR ENDING SEPTEMBER 30, 2021

Federal Agency Pass-Through Entity Federal Program or Cluster Title	CFDA Number	Contract/ Pass-Through Entity Identifying Number	Expenditures	Sub-Recipients
FEDERAL AWARDS:				
United States Department of Agriculture				
Passed through Feeding Tampa Bay				
Food Distribution Cluster:				
Emergency Food Assistance Program (Administrative)	10.568	N/A	\$ 715,159	\$ -
Emergency Food Assistance Program (Food Commodities)	10.569	N/A	4,165,625	
			4,880,784	-
Department of Housing and Urban Development Passed through City of Largo				
Community Development Block				
Grants/Entitlement Grants	14.218	N/A	19,900	
Passed through City of Clearwater				
Community Development Block				
Grants/Entitlement Grants	14.218	N/A	42,159	-
Passed through Pinellas County				
Community Development Block Grants/Entitlement Grants	14.218	N/A	10,990	-
			73,049	
			70,040	
Department of Justice				
Passed through Florida Department of Legal Affairs,				
Office of the Attorney General				
		VOCA-2020-Religious-		
	40.575	Community Servi-	470.745	
Crime Victim Assistance	16.575	00532	179,715	-
Department of Health and Human Services				
Passed through Florida Coalition Against				
Domestic Violence				
Family Violence Prevention and Services/				
Domestic Violence Shelter and Supportive Services	93.671	20-2235-DVS	116,767	-
Passed through Florida Coalition Against	93.671	20-2235-DVS	50,015	
<u>Domestic Violence</u>				
COVID-19- Family Violence Prevention and Services/				
Domestic Violence Shelter and Supportive Services			166,782	-
Passed through Florida Coalition Against				
Domestic Violence				
Temporary Assistance for Needy Families	00.550	00 000E DVO	407.004	
	93.558	20-2235-DVS	167,961	<del>-</del>
			167,961	-
Department of Health and Human Services				
Passed through Pinellas Community Foundation:	21.019	N/A	106,474	
COVID-19 Coronavirus Relief Fund	21.010	. 4// 1	100,717	
Total expenditures of federal awards			\$ 5,574,765	\$ -

See notes to the schedule of expenditures of federal awards

### HOPE VILLAGES OF AMERICA, INC. NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS YEAR ENDING SEPTEMBER 30, 2021

#### **BASIS OF PRESENTATION**

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes the federal grant activity of Hope Villages of America, Inc. (HVA) under programs of the federal government for the year ended September 30, 2021. The information in this schedule is presented in accordance with accounting principles generally accepted in the United States of America as applicable to non-profit organizations and Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Because the Schedule presents only a selected portion of the operations of Hope Villages of America, Inc., it is not intended to and does not present the financial position, changes in net assets or cash flows of Hope Villages of America, Inc.

#### **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 are limited as to reimbursement. HVA did not elect to use the 10% de minimis indirect cost rate allowed under the Uniform Guidance.

#### **CONTINGENCIES**

Expenditures incurred by HVA are subject to audit and possible disallowance by the grantor agency. Management believes that if audited, any adjustments for disallowed expenses would be immaterial in amount.



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# INDEPENDENT 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 GOVERNMENT AUDITING STANDARDS

To the Board of Directors Hope Villages of America, Inc.

We have audited, in accordance with the 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 Hope Villages of America, Inc. (HVA), which comprise the statement of financial position as of September 30, 2021, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements, and have issued our report thereon dated March 21, 2022.

#### **Internal Control Over Financial Reporting**

In planning and performing our audit of the financial statements, we considered HVA'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 opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of HVA's internal control. Accordingly, we do not express an opinion on the effectiveness of HVA'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.

#### CONTINUED

# INDEPENDENT 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 GOVERNMENT AUDITING STANDARDS – CONTINUED

#### **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether HVA's financial statements are free from material misstatement, we performed tests of its 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 entity'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 entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

PDR CPAS + Advisors

Oldsmar, Florida March 21, 2022



727-785-4447 813-498-1294 727-784-5491 **Fax** 

www.pdr-cpa.com

## INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

To the Board of Directors Hope Villages of America, Inc.

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

We have audited Hope Villages of America, Inc.'s (HVA) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of HVA's major federal programs for the year ended September 30, 2021. HVA's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

#### Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

#### **Auditor's Responsibility**

Our responsibility is to express an opinion on compliance for each of HVA's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; 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). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about HVA's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of HVA's compliance.

#### **Opinion on Each Major Federal Program**

In our opinion, HVA complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2021.

#### CONTINUED

## INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE - CONTINUED

#### **Report on Internal Control over Compliance**

Management of HVA is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered HVA's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program 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 internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of HVA's 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 first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

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.

PDR CPAS + Advisors

Oldsmar, Florida March 21, 2022

# HOPE VILLAGES OF AMERICA, INC. SCHEDULE OF FINDINGS AND QUESTIONED COSTS SUMMARY SCHEDULE OF PRIOR YEAR AUDIT FINDINGS SEPTEMBER 30, 2021

#### Part I - Summary of Auditor's Results **Financial Statements Section** Type of auditor's report issued: Unmodified Internal control over financial reporting: Material weakness(es) identified? \_\_yes \_X\_no Significant deficiency(ies) identified not considered to be material weakness(es)? yes X none reported Noncompliance material to financial statements noted? \_\_yes <u>X</u>no **Federal Awards Section** Internal control over major federal programs: Material weakness(es) identified? \_\_yes <u>X</u>no Significant deficiency(ies) identified not considered to be material weakness(es)? yes X none reported Type of auditor's report on compliance for major federal programs: Unmodified Any audit findings disclosed that are required to be reported in accordance with 2 CFR part 200.516(a) of the Uniform Guidance? \_yes <u>X</u>no Identification of major federal programs: Federal Programs: CFDA Numbers Name of Federal Program Emergency Food Assistance Program (Administrative) 10.568 10.569 Emergency Food Assistance Program (Food Commodities) Dollar threshold used to distinguish between

type A and type B Federal programs

Auditee qualified as low-risk auditee for

federal purposes?

yes X no

750,000

#### HOPE VILLAGES OF AMERICA, INC. SCHEDULE OF FINDINGS AND QUESTIONED COSTS SUMMARY SCHEDULE OF PRIOR YEAR AUDIT FINDINGS SEPTEMBER 30, 2021

#### Part II - Schedule of Financial Statement Findings

This section identifies the significant deficiencies, material weakness, and instances of noncompliance related to the financial statements that are required to be reported in accordance with *Government Auditing Standards*.

There were no reportable findings.

#### Part III - Federal Award Findings and Questioned Costs

This section identifies the significant deficiencies, material weakness, and instances of noncompliance, including questioned costs, related to the audit of major federal programs, as required to be reported by the Uniform Guidance.

There were no reportable findings.

#### **Summary Schedule of Prior Audit Findings**

A Summary Schedule of Prior Audit Findings is not necessary since there were no prior year audit findings related to a major federal program.



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/01/2022

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 rights to the certificate holder in lieu of such endorsement(s).

this certificate	e does not conter rights to the certificate noi	aer	in lieu of such	endorsem	ient(s).			
PRODUCER				CONTACT NAME:	Robert Childress			
Solace Insurance				PHONE (A/C, No, Ext)	): (727) 585-1174	FAX (A/C, No):	(727) !	559-0301
10801 Starkey Rd	Ste 104, 109			E-MAIL ADDRESS:	Bchildress@restinsured.com			
					INSURER(S) AFFORDING COVERAGE			NAIC#
Seminole		FL	33777	INSURER A:	Philadelphia Insurance Companies			18058
INSURED				INSURER B :	Travelers Insurance			31194
Но	ope Villages of America Inc			INSURER C :	Beazley Insurance			37540
503	3 South Martin Luther King Jr. Avenue			INSURER D :	Tokio Marine Specialty Insurance Compa	ıny		10945
				INSURER E :				
Cle	earwater	FL	33756	INSURER F :		·		
COVERAGES	CERTIFICATE NUMBEI	R:	2022 GL,BA,P	rof,UB,D&O	REVISION NUM	BER:		

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.

ADDL SUBR POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) INSR LTR TYPE OF INSURANCE POLICY NUMBER 1,000,000 **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED CLAIMS-MADE X OCCUR 100,000 PREMISES (Ea occurrence) Professional Liability 5,000 MED EXP (Any one person) Sexual Abuse and Molestation Υ PHPK2385440 03/01/2022 03/01/2023 1,000,000 PERSONAL & ADV INJURY 3,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 3,000,000 POLICY LOC PRODUCTS - COMP/OP AGG \$ **Employee Benefits** \$ 1,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 1,000,000 \$ ANY AUTO BODILY INJURY (Per person) SCHEDULED OWNED PHPK2385440 03/01/2022 03/01/2023 AUTOS ONLY HIRED Ν Ν BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE \$ AUTOS ONLY AUTOS ONLY (Per accident) \$ 1,000,000 Uninsured motorist UMBRELLA LIAB EACH OCCURRENCE 1,000,000 OCCUR **EXCESS LIAB** Ν Ν PHUB805144 03/01/2022 03/01/2023 1,000,000 CLAIMS-MADE AGGREGATE 10,000 DED | RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT N/A OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT EACH OCCURANCE \$2,000,000 Directors and Officers **AGGREGATE** D PSD1697801 03/01/2022 03/01/2023 Ν Ν \$2,000,000 RETENTION \$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CRIME- is via Insurer B above - policy #107054158, Max Limit \$500,000 Retention \$1,000 3/1/2022-2025 (see policy for full detail) CYBER -is via Insured C above - policy # W2662D220401, Limit/Agg \$1,000,000/\$1,000,000

CERTIFICATE HOLDER		CANCELLATION
Department of Children & Families ( 1317 Winewood Blvd.	OSASP)	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Building 1 Room 202		AUTHORIZED REPRESENTATIVE
Tallahassee I	FL 32399-0700	Robet & Chil