Application Form

Organization Information

If you would like to complete this application in Word first and copy your answers over later, use the following link: Download Application

The evaluation rubric that will be used to score your request is now available here: Download Rubric

Please pay attention to character limits while working on your draft. These limits include spaces.

Organization Name* Hope Villages of America

Proposal Name*

Please choose a short name to identify this project within the grant portal: Refurbish of Appliances - Affordable Housing Units and Food Bank

EIN* 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 should be no longer than one or two sentences. We provide hope restoration with dignity to those in need 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: 12 626-364-489

Annual Operating Budget Size*

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

\$11,488,567.00

Amount Requested*

The maximum grant amount is \$199,999. \$53,028.25

Parent Non-Profit/Subsidiaries*

If your organization has a parent non-profit that has multiple subsidiaries, will multiple subsidiaries be applying in this process?

Example

Better Tomorrow is the parent non-profit of three organizations. Two of those organizations want to apply in this process. Both would select "Yes" on this question.

No

Request Specifics

Organization Programmatic Background*

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

Hope Villages provides three categories of services in Pinellas County Category 1 is the Abuse Services Division. This division consists of 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 victims services include those 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 which serves the food insecure in Pinellas County and finally the provision of basic need items accomplished through the Express Center in St. Petersburg.

Our third category is Affordable Housing Services. There are two prongs of services - Hope Villages own and operates and affordable housing apartment complex, Goldsmith Gardens, and the Myrtle Property (formerly know as Grace House). In addition, 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.

Community Need Food Bank- In 2020, 123,660 were food insecure which represents 14% of the population (July 2020, Feeding America). This has been exacerbated by the pandemic 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 families had no access to transportation. Its critical to note that the Food Bank serves 80 other food pantries throughout the county all driving a community need for services.

Community Need Affordable Housing -There has been an increase in the demand for affordable housing for several reasons- rental costs in Pinellas County have seen an substantial increase (5%) resulting in residents seeking other housing options at a lower cost, the population is dense (most densely populated county) resulting in little room for build out for additional affordable housing units, the pandemic rental moratorium was lifted causing residents to have a high backlog of rental/mortgage payments that they could not afford (resulting in eviction), and citizens/families are experiencing significant financial stressors related to rising cost of gas, food and other critical items.

Negative Economic Impact on Organization*

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.

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

You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages.

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. The Large Project Letter of Intent does not permit uploads to support the answer to this question.

The request speaks to 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 unbudgeted costs incurred the pandemic. Specifically, due to a high demand for food, HVA spent increased dollars (unfunded) on meeting the food needs of the community. The agency experienced loss in traditional streams of fundraising dollars due to cancellation of special events and donors adversely impacted by costs related to the pandemic. The Affordable Housing Division experienced a rise in the rental and utility assistance to families - the additional cost were unfunded and incurred by HVA. Early in the pandemic, the Grace House (Myrtle Property) was forced to reduce the amount of shelter beds available - families could no longer double up in the apartments serving as shelter. This resulted in a loss of revenue as contracts were cost reimbursement) yet expenses remained stagnant.

In addition, the request speaks to the safety needs of the Food Bank - the appliances have exceeded their lifespan and are in some instances faulty/non operational. The volunteers are heavily reliant on the kitchen area - the volunteers are critical to the operations of the Food Bank. Without the new appliances, the safety of the volunteers would be compromised. In addition, the Myrtle Property was purchased in 1983 and still is furbished with the original appliances which are faulty/non operational - this doesn't meet the key needs of the residents to include refrigeration and the ability to cook. Food could spoil resulting in safety concerns for the residents. Goldsmith Gardens has appliance that have exceeded their lifespan - the new appliances also are needed to ensure the safety and well being of clients.

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 purchase proposal and address the following:

- What will you be purchasing with these funds?
- What is the estimated lifespan of the purchase/improvement?

• How does it address the negative economic harm you described in the previous question? The project request will be for appliances that will be located in the food bank and in 24 affordable housing units. The appliances will be -

Refrigerator - Life Span between 10 and 20 years AND

Stove- The average life span is between 13-15 years

The appliances have exceeded their lifespan and faulty or nonoperational - new appliances are required to maintain the safety of the volunteers who are critical to the provision of food and the residents in the affordable housing units who also have faulty and non operation appliances that have well exceeded their lifespan

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

The volunteers are critical to the overall operation of the Food Bank - without the restoration of the kitchen the volunteers would be left in an unsafe environment. This also applies to the Affordable Housing Units without the new appliances, the residents incur both health and safety risks,

Hope Villages of America serves the underserved predominately. Below is data/info that supports these assertions.

The clients served through the Food Bank and through Affordable Housng 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 Food Bank distributes food throughout 80 plus Food Pantries that are predominantly located in Qualified Qualified Census Tracks. Moreover the mobile food pantry provides food to communities of color that are food insecure. The operations of the Food Bank would be compromised as the volunteers would not be afforded a safe environment. The 24 Affordable Housing units would pose significant safety concerns to the residents.

Number Served*

How many people will directly benefit from this capital purchase annually? 90100

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 <u>duplicated</u>. If ABC Food Bank counts Taylor's visit ONCE, it is <u>unduplicated</u>.

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 purchase.

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

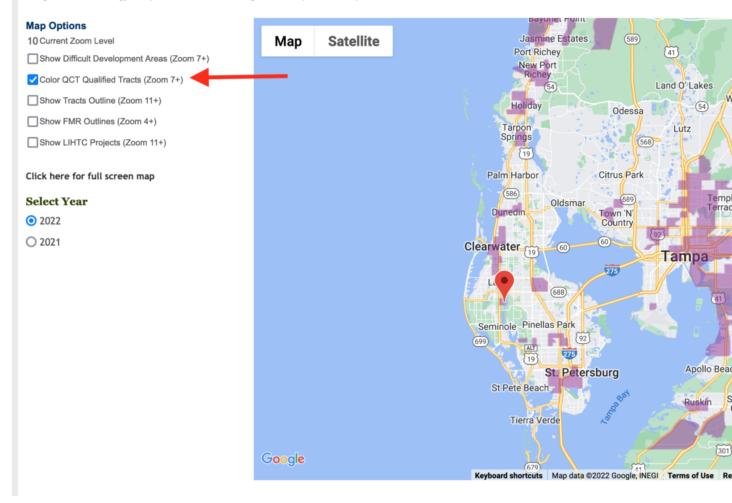
To assess if your organization serves or is headquartered in a QCT, use the following link: https://www.huduser.gov/portal/sadda/sadda qct.html

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.

Enter an Address, city, state or tract	Go	\sim	Florida	~	Pinellas
Map Options : Clear Reset Full	Screen				
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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



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/ 503 South Martin Luther King Avenue, Clearwater, FL 33756

QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

Yes

Purchase Location*

Where will the majority of the activities related to the purchase(s) take place?

Examples

- If you are proposing the purchase of a van that will deliver to multiple areas within Pinellas County, specifically mention what areas those are.
- If your purchase enables remote access to your services, such as telehealth, provide geographical data around where the majority of your clients reside (presuming they will access your services from their residence).

The Food Bank located at 700 Druid Road, Clearwater, FL 33756. In addition the purchase will support two affordable housing sites - the Myrtle Property located at 1552 South Myrtle Avenue, CLearwater, FL 33756 and finally Goldsmith Gardens located at 1520 North Saturn, Clearwater, FL 33755, The Food Bank and the Myrtle Property deliver services in Qualified Census Tracks.

QCT Determination - Purchase*

Does this organization's proposed purchase benefit residents of QCTs?

Yes

Community Connection

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.

The organization has a large number of partners through the Food Bank including 80 smaller food pantries operated by partner entities 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 - 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

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

If your organization is volunteer-run and does not have an executive leadership team, please select "Not applicable."

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+ defined as Lesbian, Gay, Bisexual, Transgender, Queer+
- Neurodiverse/physically disabled

If your organization is volunteer-run and does not have an executive leader, please select "Not applicable." BIPOC

Proposal Costs

Purchase Estimates/Bids*

You must combine all bids/estimates into one file.

Attach current verifiable bids, estimates, or price lists [from your potential vendor(s)]. Please ensure there is a date listed or when you obtained these estimates/bids, as they must be from within the past sixty (60) days.

- If your purchase is **BELOW** \$75,000, you must upload TWO verifiable bids or estimates for the proposed purchases.
- If your purchase is **EQUAL TO** or **MORE THAN** \$75,000, you must upload THREE verifiable bids or estimates for your proposed purchases.

This can be as simple as screenshots from Amazon or Best Buy (though PCF does not endorse or recommend any specific vendor) or may be from specialized vendors that sell your proposed purchase. If you have concerns regarding bids or estimates, please reach out to PCF staff.

Bids.pdf

Sole Source*

In some cases, a proposed small purchase is only available from a single vendor, and as such, only one bid/estimate can be uploaded. If this is the case for your organization, please explain in the field below. Otherwise, write "N/A" below.

N/A

Related Parties*

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

Examples of Related Parties

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

If yes, identify the vendor and describe the relationship. If no, write "No related parties below."

No related parties

Budget Summary*

Please use THIS TEMPLATE to indicate costs and any cash match your organization may have for the proposed purchases. Note: this spreadsheet will automatically round numbers to make it easier to read for committee members.

Please note that indirect costs are not permitted for small purchases.

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

Budget-Template-HVA-2.xlsx No further information

Other Funding Sources*

Please describe any other funding not already mentioned that your organization has applied for or obtained for this purchase.

This includes but is not limited to Community Block Development Grants (CBDG), local government grants (including Tourist Development Council funding), foundation grants, and private donors (you do not need to disclose donor identities but simply indicate the amount raised for this purchase). This includes any matching grants or in-kind contributions you may have obtained.

<u>Please be sure these other funding sources are represented in the "Applicant Match" column in the budget</u> <u>summary uploaded above.</u>

The organization has 4 foundation request pending for non restricted dollars to offset the funds - the foundations are the Spurlino, Sierra, Walker and Martin Foundations.

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 purchase decreases ongoing operating costs, how will it do so?
- If this purchase **does not affect** operating costs, please note so below.

There will be no increase in operating costs - the efficiency of the new appliance should result in a cost savings.

Organization Documentation

Please reach out to PCF staff if you have trouble uploading the files below. We are able to assist with file conversion and file compression.

Organization Budget*

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

Copy of Copy of FY21-22 HVA Annual Budget _Draft_xlsx

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted. HVA Board of Directors-_FY22 (1) (4).pdf

IRS Form 990*

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

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

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

Only PDF files are permitted. 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.

Hope Villages of America Inc. 9-30-21 FS Audit - Secured (002).pdf

Insurance Requirements

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 purchase. 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. Insurance.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 a report within 30 days after the purchase is completed.

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

Budget Summary

NO LONGER USED, REPLACED IN APP WITH UPLOAD FIELD INCLUDED

Please use THIS TEMPLATE to indicate costs and any cash match your organization may have for the proposed purchases.

Please note that indirect costs are not permitted for small purchases.

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

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?

Brief Project Descriptor

Please briefly describe this organization's request.

File Attachment Summary

Applicant File Uploads

- Bids.pdf
- Budget-Template-HVA-2.xlsx
- Copy of Copy of FY21-22 HVA Annual Budget _Draft_.xlsx
- HVA Board of Directors-_FY22 (1) (4).pdf
- 2020 Hope Villages of America Inc. Form 990.pdf
- Hope Villages of America Inc. 9-30-21 FS Audit Secured (002).pdf
- Insurance.pdf

Shopping Cart - Lowes.com

GET A HEAD START ON SPOOKY SEASON AT LOWE'S. SHOP NOW >

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	PLUS, up to \$104 in Rebates
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What We Offer	
	Haul Away \$40.00
	How it Works
	5 Year Protection Plans \$194.97
	What's Covered

Order Summary

Item Subtotal (7)			\$2,253.92
Estimated Delivery			FREE
Estimated Tax			Calculated in Check
Add Promo Code			 Feddbarb Variation
✓ You're saving \$250.00 today on this order!			
Estimated Total			\$2,253.92
	Back	to Top	
Deals, Inspirat	ion and Trends	Email Address	Sign Up
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2253.92 x 25 = \$56,348

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EE Shipping on eligible items. View Details		
ee delivery on appliance purchases of \$396 or	more. View Details	
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Product Width (in.): 29.88 in Color/Finish: Stainless Steel

\$698.00

\$929.00 Save 25% Price Valid Until: 09/14/2022

1	
Home Delivery Get it on Thu, Sep 15 FREE	Store Pickup
Parts & Services	Edit
Range Power Cord	\$32.85
Manufacturer's Standard Warranty	Included in the actual price
5 YR PROTECTION PLAN	\$135.00
Haul Away Your Old Appliance	\$40.00

Subtotal	\$2,503.13
Savings	-\$382.00
Appliance Delivery	FREE
Sales Tax (determined in later step)	
Total	\$2,121 ¹³

You Saved 15% Off Your Items

Have a promo code?

Checkout

- or -

ruyru

Easy In-Store and Online Returns Read our Return Policy



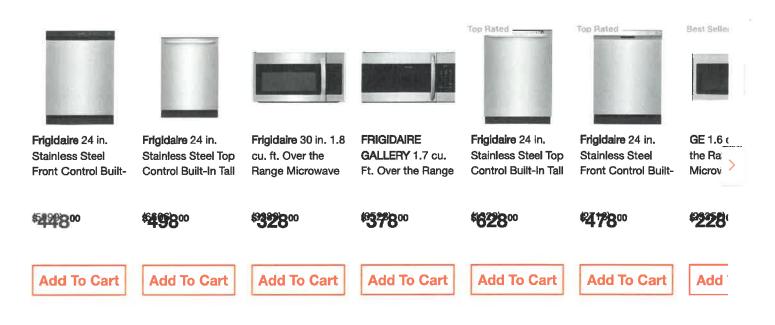
Get up to \$100 off

Get a Home Depot Credit Card and receive **\$25** off your purchase of \$25+, **\$50** off purchases \$300+, or **\$100** off

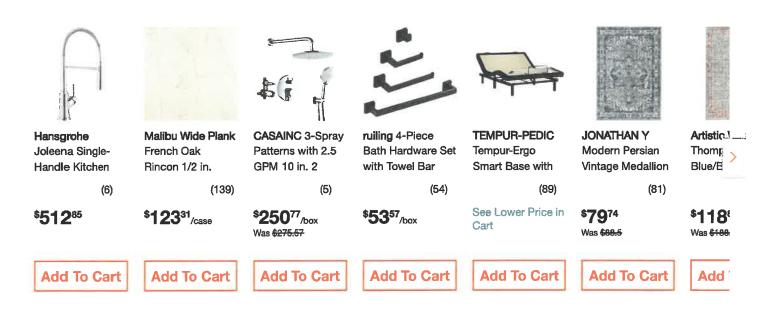
orders over \$1,000 Apply Now

ltem Total	\$2,121.13
Savings	-\$100.00
New Total	\$2,021.13

Customers Also Purchased...



Sponsored Products



Recently Viewed Items



FRIGIDAIRE GALLERY 20.0 cu. ft. Top Freezer



-- ---

Frigidaire 30 in. 5.3 cu. ft. Rear Control Electric Range in

A3

Milwaukee 18 in. Red 4-Way Stretch Cut 3 Resistant

(3)



Magic Chef Beverage 23.4 in. 154 (12 oz.) Can

(883)



Smith & Hanks 178

Can Beverage

Cooler, Stainless

(19)



Magic Chef 44

Wine Cooler in

Bottle Dual Zone

(583)



FRIGIL GALLEF ft. Built-

(1 9 2 1)

(195)

2121.13 x 25 = \$53,028.25

ARPA Nonprofit Capital Project Fund – Small Purchases Budget

Refurbish of Appliances - Affordable Housing Units and Food Bank

Proposal Name:

Α	В	С	D	Е	F	G	Н
Line		Price Per	Quantity of	Purchase	ARPA Grant Funds		
Item	Item (Description)	ltem	ltem	Total	Requested	Applicant Match	Funding Total
1	Fridgadair	\$ 1,215.28	25	\$ 30,382	\$ 30,382	\$ -	\$ 30,382
2	Stove	\$ 905.85	25	\$ 22,646	\$ 22,646	\$ -	\$ 22,646
3		\$-		\$-	\$-	\$ -	\$-
		\$-		\$-	\$-	\$ -	\$-
		\$-		\$-	\$-	\$ -	\$-
		\$-		\$-	\$-	\$-	\$ -
		\$-		\$-	\$-	\$ -	\$-
		\$-		\$-	\$-	\$-	\$ -
		\$ -		\$-	\$-	\$ -	\$ -
		\$-		\$-	\$-	\$-	\$-
		\$-		\$-	\$-	\$-	\$-
		\$-		\$-	\$-	\$-	\$ -
		\$-		\$-	\$-	\$ -	\$ -
		\$-		\$-	\$-	\$-	\$-
		\$-		\$-	\$-	\$ -	\$-
		\$-		\$-	\$-	\$-	\$-
		TOTAL	50	\$ 53,028	\$ 53,028	\$-	\$ 53,028

THE "PURCHASE TOTAL" AND "FUNDING TOTAL" COLUMN SHOULD BE EQUAL Columns E, H, and the "TOTAL" row are locked and cannot be edited

Kev	

Brief name/description of the purchase requested			
The individual price of one unit of the proposed purchase			
The number of units of the proposed purchase you are requested			
Total purchase cost of the proposed line item (quantity multipled	by price)		
The amount of ARPA funding requested for this line item			
The amount (if any) that you, the applicant, are contributing towards the purchase of the line item			
Total funding for proposed line item (ARPA grant request plus applicant match)			
	<i>The individual price of one unit of the proposed purchase</i> <i>The number of units of the proposed purchase you are requested</i> <i>Total purchase cost of the proposed line item (quantity multipled</i> <i>The amount of ARPA funding requested for this line item</i> <i>The amount (if any) that you, the applicant, are contributing towa</i>	The individual price of one unit of the proposed purchaseThe number of units of the proposed purchase you are requestedTotal purchase cost of the proposed line item (quantity multipled by price)The amount of ARPA funding requested for this line itemThe amount (if any) that you, the applicant, are contributing towards the purchase of the purchase of the proposed for the propo	

Revenues

Contributions **-4000-*-** Contributions-Cash **-4010-*-** Contributions-Pledges 10-4100-0-00 Estate Gifts Contributions

10-4032-2-20 Contributions-In Kind-Food-FTB(USDA Sub-Distributor) 10-4033-2-20 Contributions-In Kind-Food-Public

Grants and Contracts

-4200-*- Federal Grants **-4300-*-** State & Local Grants

Grants and Contracts

Foundations and Corporate Grants

-4400-*- Foundation & Corporate Grants Found/Corp Grants

Investment Earnings - Operations 10-4600-0-00 Interest Revenue - Operations Total Investment Earnings - Operations

> Investment Earnings - Reserves 10-4670-0-00 Unrealized Gains (Losses) - Reserves Investment ML

> > Miscellaneous 10-4580-5-52 Program Fees-Rent **-4800-*-** Other Revenue

Total Revenue

Expenses

Personnel

Personnel

- **-5000-*-** Regular Earnings
- **-5005-*-** Payroll Taxes
- **-5010-*-** Employee Insurance Benefits
- 10-5015-3-30 Payroll Processing Fees
- **-5020-*-** Retirement 401k Plan

10-5025-2-20 Temporary services

5016 Worker's Compensation Insurance

Personnel Total Personnel Total

General

-5102-*-	Advertising & Public Awareness
-5105-*-	Bank Services and Interest/Fees
-5110-*-	Contract Services and Professional Fees
-5125-*-	Licenses and Permits
-5130-*-	Membership Dues and Subcription Fees
-5155-*-	Taxes
-5305-*-	Miscellaneous
-5310-*-	Non-capital Equipment
-5315-*-	Office Materials and Supplies
-5316-*-	Operating Materials and Supplies
-5320-*-	Postage
-5325-*-	Printing
-5505-*-	Education and Conferences
10-5510-1-10	Meetings and Networking
-5515-*-	Personnel Recruiting
10-5525-2-20	Employee and Volunteer Appreciation
-5530-*-	Travel
General Total	General Total

Occupancy

-5200-*- Liability Insurance

- **-5205-*-** Communication-Internet
- **-5210-*-** Communication-Telephone
- **-5215-*-** Maintenance & Repairs-Buildings
- **-5220-*-** Maintenance & Repairs-Equipment
- **-5225-*-** Maintenance & Repairs-Grounds
- **-5230-*-** Maintenance & Repairs-Vehicles
- **-5240-*-** Equipement & Truck Leases
- **-5255-*-** Pest Control
- **-5260-*-** Security
- **-5265-*-** Utilities-Electric
- **-5270-*-** Utilities-Natural Gas
- **-5275-*-** Utilities-Water/Sewer/Sanitation
- Occupancy Total

Program Services

- **-5400-*-** Cable Television
- 10-5425-5-50 S/A Education
 - 5430 Part. Food and Nutrition and Supplies
- **-5465-*-** Participant Events and Holidays
- **-5470-*-** Program Participant Other
- **-5475-*-** Specific Assistance Other
 - 5450 S/A Rent and Mortgage Assistance
 - 5455 S/A Electric and Utilities
 - 5405 S/A Part. Childcare
 - 5490 S/A Participant Transportation

Total Program Services Total Program Services

In-Kind Public / FTB - USDA Distributed In-Kind 10-5415-2-20 Distributed In Kind Food-FTB(USDA Sub-Distributor) 10-5420-2-20 Distributed In Kind Food-Public In-Kind Public / FTB - USDA Total

> **Depreciation** **-5115-*-** Depreciation

Total Expenses

Surplus (Deficit) *After Deprec.

Total Indirect / Admin

53,000 0 0 0 53,000 53,000 53,000 25,000 0 0 0 0 25,000 25,000 25,000 25,000 240,749 0 409,293 469,600 5,000 63,607 68,607 1,188,249 0 0 0 3,000,000 0 0 0 3,000,000 0 0 0 3,000,000 0 0 3,000,000 0 0 3,000,000 0 0 0 8,000,000 0 0 0 8,000,000 0 0 105,800 270,000 391,084 334,199 725,283 1,101,083 1,043,973 0 0 130,800 270,000 794,787 679,181 1,473,968 1,874,768 50,000 5,000 59,500 35,000 0 34,000 34,000 183,500 50,000 59,500 35,000 0 34,000 34,000 183,500 5	ARC	GG	GH	FB	HA-OR	HA-SH	Haven Totals	Total	
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50,000 5,000 59,500 35,000 0 34,000 34,000 183,500 50 0 0 0 0 0 0 50 50	0	0	130,800	270,000	794,787	679,181	1,473,968	1,874,768	
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	50,000	5,000	59,500	35,000	0	34,000	34,000	183,500	
	50							50	50
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	50	0	0	0	0	0	0	50	
60,000 0 0 0 0 0 0 60,000 60,000	60,000	0	0	0	0	0	0	60,000	60,000
60,000 0 0 0 0 0 0 60,000	60,000	0	0	0	0	0	0	60,000	
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		•							142,000
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350,799 147,000 599,593 8,774,600 799,787 776,788 1,576,575 11,448,567	350,799	147.000	599,593	8,774,600	799,787	776,788	1,576,575	11,448,567	

584,570	15,425	230,000	268,632	367,547	311,174	678,721	1,777,349	1,777,349
54,364	1,524	21,531	30,412	45,240	40,285	85,525	193,355	193,355
45,748	11,935	45,772	46,544	15,712	40,285	55,997	205,997	205,997
4,124	287	1,003	2,855	1,970	1,683	3,653	11,921	11,921
8,935	134	6,105	1,560	2,128	325	2,453	19,187	19,187

0	0	0	5,000	0	0	0	5,000	5,000
1,493	451	2,104	16,387	3,307	22,876	26,183	46,617	46,617
699,233	29,756	306,515	371,390	435,903	416,629	852,532	2,259,426	
15,000	0	0	870	1,458	1,242	2,700	18,570	18,570
6,500	0	0	1,700	0	0	0	8,200	8,200
120,000	0	5,460	5,250	9,720	8,294	18,014	148,724	148,724
750	263	0	15	0	0	0	1,028	1,028
5,500	150	2,120	140	3,729	2,419	6,148	14,058	14,058
0	0	0	0	0	0	0	0	0
0	0	0	2,500	0	0	0	2,500	2,500
1,500	0	0	5,000	0	0	0	6,500	6,500
3,500	500	500	1,800	3,000	5,000	8,000	14,300	14,300
1,500	500	300	4,500	4,500	6,000	10,500	17,300	17,300
1,300	20	11	35	300	300	600	1,966	1,966
1,500	0	150	1,000	1,350	1,150	2,500	5,150	5,150
2,500	250	200	500	2,000	100	2,100	5,550	5,550
2,500	0	100	200	200	200	400	3,200	3,200
1,200	0	400	225	3,000	2,000	5,000	6,825	6,825
500	0	300	2,700	500	300	800	4,300	4,300
3,500	413	0	1,750	13,306	250	13,556	19,219	19,219
167,250	2,096	9,541	28,185	43,063	27,255	70,318	277,390	
		· · ·						
6,503	23,407	29,575	41,543	8,523	18,712	27,235	128,263	128,263
2,016	1,437	2,400	1,800	900	3,700	4,600	12,253	12,253
16,829	6,754	12,500	12,000	5,000	12,500	17,500	65 <i>,</i> 583	65,583
3,500	5,000	7,856	6,300	10,000	20,000	30,000	52,656	52,656
2,500	1,200	500	13,000	3,000	4,500	7,500	24,700	24,700
500	1,500	500	2,600	4,780	2,500	7,280	12,380	12,380
0	1,000	0	24,473	0	0	0	25,473	25,473
5,000	0	3,200	20,000	3,200	3,200	6,400	34,600	34,600
937	2,100	2,430	3,700	1,294	1,106	2,400	11,567	11,567
1,064	790	4,000	3,000	3,500	9,500	13,000	21,854	21,854
5,500	1,700	13,000	19,000	8,400	14,400	22,800	62,000	62,000
0	1,350	10,650	0	0	500	500	12,500	12,500
2,812	20,000	42,000	13,000	720	44,500	45,220	123,032	123,032
47,162	66,238	128,611	160,416	49,317	135,118	184,435	586,862	
0	0	0	0	0	0	0	0	0
0	0	0	0	0	500	500	500	500
0	0	0	50,000	0	10,000	10,000	60,000	60,000
0	0	100	0	0	1,500	1,500	1,600	600
0	250	0	0	0	5,000	5,000	5,250	5,250
0	0	0	0	0	2,500	2,500	2,500	2,500
0	0	3,500	0	5,000	2,500	7,500	11,000	13,500
0	0	40,000	0	5,000	3,047	8,047	48,047	50,000
0	0	0	0	0	1,500	1,500	1,500	0
0	0	0	0	3,454	5,000	8,454	8,454	6,500

	138,851	45,001	31,547	13,454	50,000	43,600	250	0
3,000,00	3,000,000	0	0	0	3,000,000	0	0	0
5,000,00	5,000,000	0	0	0	5,000,000	0	0	0
	8,000,000	0	0	0	8,000,000	0	0	0
	274,405	78,000	35,941	42,059	89,609	62,500	30,350	13,946
	274,405	78,000	35,941	42,059	89,609	62,500	30,350	13,946
	11,536,934	1,230,287	646,490	583,796	8,699,600	550,766	128,689	927,591
								·
	(88,366)	346,289	130,298	215,990	75,000	48,827	18,311	(576,792)
	(88,366)							
		320,785	177,323	143,462	75,000	48,827	18,311	462,923
		25,504	(47,024)	72,528	(0)	0	(0)	(113,870)

Forecast	Forecast Variance				
1,080,770	(29,479)				
13,000	(40,000)				
226,550	201,550				
1,320,320	132,071				
3,384,025	384,025				
5,462,615	462,615				
8,846,639	846,639				
1,015,021	(86,062)				
915,999	142,314				
1,931,020	56,252				
43,517	(139,983)				
43,517	(139,983)				
42	(8) (8)				
42	(8)				
60,371	371				
60,371	371				
141,600	(400)				
395,799	395,799				
537,399	395,399				
12,739,309	1,290,742				

(50,121)
99,406
98,573
(11,756)
4,839

21,422	16,422			
2 270 170	(46,617)			
2,370,170	110,744			
69,115	50,545			
11,000	2,800			
182,781	34,057			
1,278	250			
11,377	(2,681)			
1,199	1,199			
,	(2,500)			
	(6,500)			
	(14,300)			
	(17,300)			
	(1,966)			
	(5,150)			
	(5,550)			
	(3,200)			
	(6,825)			
	(4,300)			
	(19,219)	ARC	\$9,420	
276,750	(639)			
	0			
	0			
102,176	(26,087)		(\$26,087)	0.25531436
	(12,253)			
	(65,583)	ARC	\$27	
	(52,656)			
	(24,700)			
	(12,380)			
	(25,473)			
	(34,600)			
	(11,567)			
	(21,854)			
	(62,000)			
	(12,500)			
102,176	(123,032) (484,686)			
102,170	(404,000) 0			
	0			
	0			
	(500)			
	(60,000)			
	(1,600)			
	(5,250)			
	(2,500)			
	(11,000)			
	(48,047)			
	(1,500)			
	(8,454)			

0	(138,851)
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	(3,000,000)
	(5,000,000)
0	(8,000,000)
	0
	0
	(274,405)
	(274,405)
	0
11,536,934	0
	0
	88,366

Hope Villages of America

FY22 Proposed Budget

Revenues		
Contributions		
Contributions-Cash	\$1,188,727	
Contributions-Pledges	\$53,000	
Estate Gifts Federal Grants	\$25,000 \$1,043,971	-\$43,392
State & Local Grants	\$840,685	-343,332
Foundation & Corporate Grants	\$183,500	
Interest Revenue - Operations	\$50	
Unrealized Gains (Losses) - ML Reserves	\$60,000	
Program Fees-Rent	\$142,000	
Other Revenue	\$0	
Distributed In-Kind Public / FTB - USDA	\$8,000,000	
Total Revenue	\$11,536,933	
Total Revenue	<u> </u>	
Expenses		
Personnel		
Regular Earnings	\$1,777,349	
Payroll Taxes	\$193,355	
Employee Insurance Benefits	\$205,997	
Payroll Processing Fees	\$11,921 \$19,187	
Retirement - 401k Plan Temporary services	\$5,000	
Worker's Compensation Insurance	\$46,617	
	\$2,259,426	
General		
Advertising & Public Awareness	\$18,570	
Bank Services and Interest/Fees	\$8,200	
Contract Services and Professional Fees	\$148,724	
Licenses and Permits	\$1,028	
Membership Dues and Subcription Fees	\$14,058	
Taxes Miscellaneous	\$0 \$2,500	
Non-capital Equipment	\$6,500	
Office Materials and Supplies	\$14,300	
Operating Materials and Supplies	\$17,300	
Postage	\$1,966	
Printing	\$5,150	
Education and Conferences	\$5,550	
Meetings and Networking	\$3,200	
Personnel Recruiting	\$6,825 \$4,300	
Employee and Volunteer Appreciation Travel	\$4,300 \$19,219	
Havei	\$277,390	
Occupancy	**	
Liability Insurance	\$128,263	
Communication-Internet	\$12,253	
Communication-Telephone	\$65,583	
Maintenance & Repairs-Buildings	\$52,656	
Maintenance & Repairs-Equipment Maintenance & Repairs-Grounds	\$24,700 \$12,380	
Maintenance & Repairs-Orbiticles	\$25,473	
Equipement & Truck Leases	\$34,600	
Pest Control	\$11,567	
Security	\$21,854	
Utilities-Electric	\$62,000	
Utilities-Natural Gas	\$12,500	
Utilities-Water/Sewer/Sanitation	\$123,032	
Program Services	\$586,862	
Cable Television	\$0	
S/A Education	\$500	
Part. Food and Nutrition and Supplies	\$60,000	
Participant Events and Holidays	\$600	
Program Participant Other	\$5,250	
Specific Assistance Other	\$2,500	
S/A Rent and Mortgage Assistance	\$13,500	
S/A Electric and Utilities S/A Part. Childcare	\$50,000 \$0	
S/A Participant Transportation	\$6,500	
.,	\$138,850	
Distributed In-Kind	\$8,000,000	
Depreciation	\$274,405	
Total Evanance	\$11,536,933	
Total Expenses		
Net Surplus (Deficit) *After Deprec.	\$0	

Account Description					Oct-21	 Nov-21
Revenues	_					
Contributions						
-4000-*- Contributions-Cash					\$109,701	\$175,562
	Annual To	otals	\$1,188,727			
10-4000-0-00 Contributions-Cash	\$	162,749	14%	\$	15,019.00	\$ 24,036.00
10-4000-2-20 Contributions-Cash-Food Distribution	\$	469,600	40%	\$	43,336.00	\$ 69,354.00
10-4000-3-30 Contributions-Cash-Grace House	\$	487,772	41%	\$	45,016.00	\$ 72,040.00
10-4000-5-50 Contributions-Cash-Shelter	\$	63,607	5%	\$	5,869.00	\$ 9,394.00
10-4000-5-51 Contributions-Cash-Outreach	\$	5,000	0.42%	\$	461.00	\$ 738.00
10-4000-5-52 Contributions-Cash- Goldsmith Gardens	\$	-	0%	\$	-	\$ -
	\$	1,188,728		Ś	\$109,701.00	\$175,562.00
	\$	-			\$0.00	\$0.00

Account Description	Oct-21	Nov-21
Contributions-Cash		

Contributions-Cash Contributions-Pledges Estate Gifts

Contributions-In Kind-Food-FTB(USDA Sub-Distributor) Contributions-In Kind-Food-Public

Federal Grants State & Local Grants

Foundation & Corporate Grants

Interest Revenue - Operations

Unrealized Gains (Losses) - Reserves

Program Fees-Rent Other Revenue

Personnel Regular Earnings Payroll Taxes Employee Insurance Benefits Payroll Processing Fees Retirement - 401k Plan Temporary services Worker's Compensation Insurance Personnel Total

Advertising & Public Awareness Bank Services and Interest/Fees **Contract Services and Professional Fees** Licenses and Permits Membership Dues and Subcription Fees Taxes Miscellaneous Non-capital Equipment Office Materials and Supplies **Operating Materials and Supplies** Postage Printing **Education and Conferences** Meetings and Networking Personnel Recruiting **Employee and Volunteer Appreciation** Travel **General Total**

Liability Insurance Communication-Internet Communication-Telephone Maintenance & Repairs-Buildings Maintenance & Repairs-Equipment Maintenance & Repairs-Grounds Maintenance & Repairs-Vehicles Equipement & Truck Leases Pest Control Security Utilities-Electric Utilities-Natural Gas Utilities-Water/Sewer/Sanitation

Cable Television S/A Education Part. Food and Nutrition and Supplies Participant Events and Holidays Program Participant Other Specific Assistance Other S/A Rent and Mortgage Assistance S/A Electric and Utilities S/A Part. Childcare S/A Participant Transportation Total Program Services Distributed In Kind Food-FTB(USDA Sub-Distributor) Distributed In Kind Food-Public

Depreciation

 Dec-21	Jan-22	Feb-22	Mar-22	-	Apr-22	May-22	Jun-22	Jul-22
\$221,726	\$90,395	\$68,058	\$56,102		\$50,179	\$60,348	\$65,156	\$107,167
\$ 30,356.00	\$ 12,376.00	\$ 9,317.00	\$ 7,680.00	\$	6,870.00	\$ 8,262.00	\$ 8,920.00	\$ 14,672.00
\$ 87,591.00	\$ 35,710.00	\$ 26,885.00	\$ 22,162.00	\$	19,822.00	\$ 23,842.00	\$ 25,741.00	\$ 42,338.00
\$ 90,982.00	\$, 37,091.00	\$ 27,926.00	\$ 23,020.00	\$	20,590.00	\$ 24,762.00	\$ 26,735.00	\$ 43,973.00
\$ 11,864.00	\$ 4,836.00	\$ 3,641.00		\$	2,686.00	\$ 3,229.00	\$ 3,486.00	\$ 5,734.00
\$ 933.00	\$ 382.00	\$ 289.00	\$ 235.00	\$	211.00	\$ 253.00	\$ 274.00	\$ 450.00
\$ -	\$ -	\$ -	\$ -	\$	-	\$ -	\$ -	\$ -
\$221,726.00	\$90,395.00	\$68,058.00	\$56,102.00		\$50,179.00	\$60,348.00	\$65,156.00	\$107,167.00
\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
Dec-21	Jan-22	Feb-22	Mar-22		Apr-22	May-22	Jun-22	Jul-22

	\$102,167		\$82,167		\$1,188,728		
\$	13,989.00	\$	11,252.00	\$	162,749.00	\$0.0000	
\$	40,360.00	\$	32,459.00	\$	469,600.00	\$0.0000	
\$	41,922.00	\$	33,715.00	\$	487,772.00	\$0.0000	
\$	5,467.00	\$	4,396.00	\$	63,607.00	\$0.0000	
\$	429.00	\$	345.00	\$	5,000.00	\$0.0000	
\$	-	\$	-	\$	-	\$0.0000	
\$102,167.00 \$82,167.00				\$1,188,728.00			
\$0.00			\$0.00				

Aug-22 Sep-22 Total Projection

Account

Description		2020 Budget		nnualized	FY21-22		
Contributions-Cash	\$	947,500	\$	1,335,728.88	\$	1,036,000.00	
Event Contributions	х		х		\$	305,000.00	
Estate Gifts	\$	127,000	\$	22,500.00	\$	23,000.00	
Federal Grants	\$	800,000	\$	649,857.36	\$	972,888.11	
State & Local Grants	\$	1,441,643	\$	1,173,327.85	\$	773,685.00	
Foundation & Corporate Grants	\$	200,000	\$	281,361.69	\$	150,000.00	
Interest Revenue - Operations	\$	2,000	\$	77.01	\$	1,000.00	
Unrealized Gains (Losses) - Reserves	\$	17,000	\$	14,939.69	\$	15,000.00	
Program Fees-Rent	\$	139,150	\$	87,720.02	\$	139,150.00	
Other Revenue	\$	-	\$	48,780.84	\$	-	
	\$	3,674,293	\$	3,614,293	\$	3,415,723.11	

Events	2020	2021	2022		
FACES	\$	30,000	\$ 10,000	\$	10,000
Blue Jean	\$	65,000	\$ 65,000	\$	65,000
GALA	\$	150,000	\$ 150,000	\$	150,000
Celeb weekend	\$	60,000	\$ 60,000	\$	60,000
Beach walk	\$	15,000	\$ 15,000	\$	15,000
Empthy bowls	\$	5,000	\$ 5,000	\$	5,000
	\$	325,000	\$ 305,000	\$	305,000

Events	<u> </u>	2 0 2 0	~	2 021	-
Events	<u> </u>	2,020	\$	2,021	-
FACES	\$	30,000	\$	45,000	Oct
Blue Jean	\$	65,000	\$	65,000	Jan/Feb
GALA	\$	150,000	\$	150,000	
Celeb weekend	\$	60,000	\$	60,000	Apr/May
Beach walk	\$	15,000	\$	15,000	
Empthy bowls	\$	5,000	\$	5,000	_
	\$	325,000	\$	340,000	-

Government Grants	Gra	ce House	Food Bank	Goldsmith Gardens	Haven
USDA In-Kind			\$ 1,860,000		
Public In-Kind			\$ 3,320,000		
USDA Contract			\$ 93,000		
DCF (FCADV)					\$ 446,685
JWB	\$	383,393			\$ 452,250
VOCA					\$ 276,951
OVW					\$ 42,348

	\$	457,393	¢	5,293,000	<u>د</u>	5,000	<u>د</u>	1,280,154
Publix Charities (Operations)			\$	15,000				
Cares	\$	5,000	\$	5,000	\$	5,000	\$	5,000
Pending								
Publix Last Resort	\$	10,000						
Duke	\$	10,000						
City of Clearwater - Largo	\$	12,000						
City of Clearwater - CDBG	\$	12,000						
City of Clearwater - Homeless Services		25,000						
Pinellas County - SAF							\$	56,920

75000 \$ 1,355,154

Federal		
VOCA	\$ 399,309.00	
DCF	\$ 288,433.80	
DCF - ARP	\$ 161,345.31	
COC-CDBG	\$ 10,900.00	
COL-CDBG	\$ 19,900.00	
USDA	\$ 93,000.00	

\$ 972,888.11

 Agency
 state
 fed

 ha
 \$ 230,729.84
 \$ 535,254.19
 \$ 267,627.10

\$ 115,364.92

\$ 226,125

\$ 1,275,154

\$ 7,035,547

\$ 1,800,547

State	
JWB	\$ 452,250.00
PCHS	\$ 56,920.00
OVW	\$ 43,015.00
OVW-IFF	\$ 23,145.00
DCF	\$ 173,355.00
COC - Homeless Services	\$ 25,000.00

\$ 773,685.00

DVTF	\$	46,876.07	State			Туре
FVPSA I	\$	56,454.16	Fed	258,303.19	PPE	State
FVPSA II	\$	38,086.43	Fed		GR	State
PPE	\$	18,333.33	State	188,381.84	DVTF I	State
FVPSA-TR	A \$	19,731.52	Fed		DVTF II	State
GR	\$	123,172.44	State		FVPSA I	Federal
TANF	\$	144,031.08	Fed		FVPSA II	Federal
	\$	446,685.03			TANF	Federal

HP Server

1 year: \$1,200 2 year: 2,335

5 firewalls

1 year: \$1,958 3 year: \$3,693

grant services contract for \$26,400

Payroll Expenses

	OR	GH	GH	GG	FB Totals
Regular Earnings	\$481,561	440687.6	262451.9	\$ 15,425.28	\$1,200,125
Payroll Taxes	\$45,240	40285.15	20889.94	\$1,524	\$107,938
Employee Insurance Benefits	\$15,712	40285.15	55772	\$11,935	\$123,704
Payroll Processing Fees	\$ 1,969.83	1683.305	1003	\$287	\$4,943
Retirement - 401k Plan	\$2,128	325	6105	\$134	\$8,692
Worker's Compensation Insurance	\$3,307	22876.47	2104	\$ 451.00	\$28,738

Hope Villages of America, Inc.

Profit & Loss Statement

Account Description	10/01/2019 To 09/30/2020	10/01/2020 To 06/30/2021	
Revenues			
Contributions			
Contributions-Cash	\$486,565	\$330,294 \$	440,392
Contributions-Pledges	(\$13,900)	\$13,000	
Contributions-Other	\$1,000	\$0	
Estate Gifts	\$32,223	\$238,450	
Total Contributions	\$505,888	\$581,744	
Grants and Contracts			
State & Local Grants	\$0	\$13,193	
Total Grants and Contracts	\$0	\$13,193	
Foundations and Corporate Grants			
Foundation & Corporate Grants	\$91,170	\$2,000	
United Way	(\$11,175)	\$0	
Total Foundations and Corporate Grants	\$79,996	\$2,000	
Investment Earnings - Operations			
Interest Revenue - Operations	\$3,894	\$21	
Realized Gains (Losses) - Operations	\$500	\$0	
Total Investment Earnings - Operations	\$4,394	\$21	
Investment Earnings - Reserves			
Unrealized Gains (Losses) - Reserves	\$11,225	\$52,668	
Total Investment Earnings - Reserves	\$11,225	\$52,668	
Miscellaneous			
Other Revenue	\$4,658	\$12,943	
Amortization of Long Term Pledges	(\$2,766)	\$0	
Total Miscellaneous	\$7,424	\$12,943	
Total Revenues	\$608,927	\$662,568	
Expenses			
Personnel		\$	305,402
Regular Earnings	\$503,313	\$229,052 \$	643,870
Payroll Taxes	(\$41,739)	\$71,214 \$	49,256
Employee Insurance Benefits	(\$17,284)	\$51,805 \$	45,000
Payroll Processing Fees	\$4,741	\$0 \$	4,124
Retirement - 401k Plan	\$11,326	\$9,516 \$	8,935
Temporary services	\$34,080	\$0 \$	-
Worker's Compensation Insurance		\$	1,493
Total Personnel	\$494,437	\$361,586 \$	752,677
General			
Advertising & Public Awareness	\$45,727	\$48,041 \$	15,000
Bank Services and Fees	\$14,706	\$6,671 \$	6,500
Contract Services and Professional Fees	\$137,332	\$139,091 \$	120,000
Licenses and Permits	\$889	\$750 \$	750
Membership Dues and Subcription Fees	\$6,267	\$5,826 \$	5,500

Taxes	\$1,071	\$1,063	\$-
Miscellaneous	\$4,340	\$5,727	\$-
Non-capital Equipment-Office Related	\$7,466	\$1,460	\$ 1,500
Office Materials and Supplies	\$7,105	\$3,388	\$ 3,500
Operating Materials and Supplies	\$0	\$1,327	\$ 1,500
Postage	\$1,102	\$1,275	\$ 1,300
Printing	\$3,927	\$1,364	
Education and Conferences	\$798		\$ 2,500
Meetings and Networking	\$3,426	\$2,293	
Personnel Recruiting	\$4,817	\$932	
Employee and Volunteer Appreciation	\$796	\$1,610	
Travel	\$1,338		\$3,500
Total General	\$208,370		\$ 167,250
Occupancy		1	
Casualty Insurance	\$64,722	\$8,303	\$6,503.00
Communication-Internet	\$2,210	\$1,512	
Communication-Telephone	\$16,414	\$12,622	
Maintenance & Repairs-Buildings	\$4,127	\$3,657	
Maintenance & Repairs-Equipment	\$2,776	\$7,209	
Maintenance & Repairs Equipment	\$3,347	\$597	
Maintenance & Repairs Orbands	\$1,612	\$59	
Interest	\$3,887		\$- \$-
Operating Leases-Equipment	\$5,913	\$4,135	-
Pest Control	\$5,915	\$703	
		\$798	
Security	\$983		
Utilities-Electric	\$7,484	\$76	\$ 5,500
Utilities-Natural Gas	62.205	¢2,400	ć <u>२०</u> १२
Utilities-Water/Sewer/Sanitation	\$2,295	\$2,109	
Total Occupancy	\$116,476	\$41,779	\$ 47,162
Program Services			<u>+</u>
Cable Television	\$6,248		\$-
S/A Education	\$1,666	\$0	
Part. Food and Nutrition and Supplies	(\$125)	\$0	
Participant Events and Holidays	\$50		\$-
Program Participant Other	\$0	\$0	
Specific Assistance Other	\$0	\$0	
S/A Rent and Mortgage Assistance	\$0		\$-
S/A Electric and Utilities	\$0	\$0	
S/A Part. Childcare	\$0		\$-
S/A Participant Transportation	\$0		\$-
Total Program Services	\$7,839	\$0	\$-
Staff			
Transfers			
Inter-Project Transfers	\$55,906	\$0	
Total Transfers	\$55,906	\$0	
Depreciation			
Depreciation	\$30,058	\$10,459	\$ 13,946
Total Depreciation	\$30,058	\$10,459	

\$ 981,035

NET SURPLUS/(DEFICIT)	(\$344,142)	\$17,440

\$ 981,035

\$335,942.30

\$30,000 PDR \$7,980 bizco/arc

\$26,000 PH Solutions \$51,000 NSPR \$25,000 danielle \$139,980 .

Employee Last	Employee First	Title	FY20	-21 Wages
Almeida	Christine	Associate Dir. HR	\$	43,260
Carrasco	Jessica	Dir of Fin/Admin	\$	55,000
Lewis	Jonita	VP Community Affairs and Asst to President	\$	65,000
Maceo Hernandez	Jennifer	Exec Assistant to CEO/COO	\$	-
Marquis	Glenn	Properties and Facilities Maint	\$	4,251
Matthews	Shannon	VP Finance/Admin	\$	65,000
Mendez Pena	Claidaliz	Director of Donor Relations	\$	45,640
Perry	Melinda	Executive Office (50% PC-HA)	\$	92,000
Smith	Kirk	President and CEO	\$	150,000
Tytell	Matthew	Properties and Facilities Maint	\$	8,476
VACANT	VACANT	Development/Grant Assoc.	\$	-
Warren	Judith	VP Advancement & Contracts	\$	70,000
VACANT	VACANT	F/A Specialist	\$	40,000
			\$	638,627

					0.027		0.062		0.0145					Es	timat	ed 1	.0% Pre	emiu	m Increa:
		FL	RT -		OCIAL		EDICARE												
		Cu	rrent		CURITY -	- E	R												
Ρ	rojected FY21-			ER	ł			Tot	al Labor	Ot	her Labor	ER	-	ER	-	ER	-		
2	2 Wages							Cos	st	Co	sts - ADP	M	edical	GA	٨P	De	ntal	ER	- Vision
\$	45,000	\$	189	\$	2,790	\$	653	\$	3,632	\$	317	\$	6,890	\$	341	\$	165	\$	68
\$	56,650	\$	189	\$	3,512	\$	821	\$	4,523	\$	317	\$	6,890	\$	341	\$	165	\$	68
\$	75,000	\$	189	\$	4,650	\$	1,088	\$	5,927	\$	317	\$	-	\$	-	\$	-	\$	-
\$	-	\$	189	\$	-	\$	-	\$	189	\$	317	\$	-	\$	-	\$	-	\$	-
\$	4,379	\$	189	\$	271	\$	63	\$	524	\$	317	\$	-	\$	-	\$	-	\$	-
\$	75,000	\$	189	\$	4,650	\$	1,088	\$	5,927	\$	317	\$	6,890	\$	341	\$	165	\$	68
\$	47,009	\$	189	\$	2,915	\$	682	\$	3,785	\$	317	\$	6,890	\$	341	\$	165	\$	68
\$	100,000	\$	189	\$	6,200	\$	1,450	\$	7,839	\$	317	\$	-	\$	-	\$	-	\$	-
\$	156,750	\$	189	\$	9,719	\$	2,273	\$	12,180	\$	317	\$	6,890	\$	341	\$	165	\$	68
\$	8,730	\$	189	\$	541	\$	127	\$	857	\$	317	\$	-	\$	-	\$	-	\$	-
\$	-	\$	189	\$	-	\$	-	\$	189	\$	317	\$	-	\$	-	\$	-	\$	-
\$	70,000	\$	189	\$	4,340	\$	1,015	\$	5,544	\$	317	\$	6,890	\$	341	\$	165	\$	68
\$	40,000	\$	189	\$	2,480	\$	580	\$	3,249	\$	317	\$	-	\$	-	\$	-	\$	-
\$	678,518	\$	2,457	\$	42,068	\$	9,839	\$	54,364	\$	4,124	\$	41,342	\$2	2,047	\$	992	\$	407

\$657,785.81

WC \$ 1,492.80

		In	urance	ER	401k	Ot	ther Fringe -	Ot	her Fringe -
ER	- Life	Be	enefits	Ma	atch	Tr	avel	Се	ll Phone
\$	96	\$	7,561	\$	900	\$	-		
\$	96	\$	7,561	\$	900	\$	-	\$	9
\$	96	\$	96	\$	-	\$	1,250	\$	-
\$	-	\$	-	\$	-	\$	-	\$	-
\$	-	\$	-	\$	-	\$	-		
\$	96	\$	7,561	\$	1,500	\$	650	\$	9
\$	96	\$	7,561	\$	-	\$	520		
\$	96	\$	96	\$	2,000	\$	2,600	\$	9
\$	96	\$	7,561	\$	3,135	\$	3,100	\$	-
\$	-	\$	-	\$	-	\$	-	\$	-
\$	96	\$	96	\$	-	\$	-	\$	-
\$	96	\$	7,561	\$	500	\$	1,300	\$	-
\$	96	\$	96	\$	-	\$	-	\$	-
\$	960	\$	45,748	\$	8,935	\$	9,420	\$	27

793,181 \$

27



FY22 HVA Board of Directors

Executive/Finance Comm	ittee										
						Work/Home					
Board Position	Name	Start Date	Class	Committees	Address	Phone	Cell Phone	Email	Employer	Title	Notes
Chair	Seema Ramroop	Oct-17	FY23	EFC	26301 US Hwy 19N, Clearwater, FL	813.957.8107		seematt2000@yahoo.com	Prudential Financial	Branch President	
Treasurer	Ed Cole	Oct-18	FY21	EFC							
Vice Chair/Secretary	Matthew Weber	Oct-17	FY23	PF- Chair							
Immediate Past Chair	David Siracusa	Oct-17	FY23	EFC							
President & CEO	Kirk Ray Smith	n/a	Ex oficio	EFC, AD, GR							
At-Large Board Members											
Member	Connolly McArthur	Oct-18	FY21	HR							
Member	Cecil Howard	Oct-18	FY21	GR							
Member	Debra Jones	Oct-17	FY23	HR- Chair							
Member	Cherri McGrew	Oct-17	FY23	LS							
Member	Rod Davis	Oct-18	FY21	GR- Chair							
Member	Lonnie Brewer	Oct-19	FY22	AD							
Member	Lisa Johnson	Oct-19	FY22	HR							
Member	Zebbie D. Atkinson IV	Oct-20	FY23	PC							
Member	Emily Pano	Oct-20	FY23	AD- Chair							
Member	Adam McGill Ross	Oct-20	FY23	GR							
Member	Nathaly Patterson	Oct-21	FY24	GR							
Member	Rod Cunningham	Oct-21	FY24	GR							
Member	Laura Stewart	Oct-21	FY24	HR							

Standing Committees: (EFC) Executive/Finance; (N) Nominating; (AD) Advancement & Development

Other Committees: (THA) The Haven at HVA Advisory Committee; (HR) Human Resources;

(GR) Government Relations/Public Policy; (LS) Legacy Society; (PF) Properties & Facilities

(DI) Diversity & Inclusion; (FB) Faith-Based Engagement

All Board terms are for 3 years and follow the agency's fiscal year (Oct 1st - Sept 30th); the RCS Bylaws allow for two consecutive Board terms.

All Board Officer terms are for 2 years and follow the agency's fiscal year; the RCS Bylaws allow for two consecutive officer terms.

Updated: 9/28/20

			Extended to August 15, 202	22						
	Ω	00	Return of Organization Exempt From		OMB No. 1545-0047					
Foi	m 🕈	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (s) 2020					
Der		of the Treeseway	Do not enter social security numbers on this form as it may	ay be made public.	Open to Public					
Inte	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									
Α	For th	ne 2020 calend	ar year, or tax year beginning OCT 1 , 2020 and ending	SEP 30, 2021						
В	Check if applicat	f C Name of	organization	D Employer identification	ation number					
	Addr		Willerer of America Tra							
	Nam	·	Villages of America, Inc.	**_**918	6					
F	chan Initia	<u>~</u>	Jsiness as		0					
	returi Final	503	and street (or P.O. box if mail is not delivered to street address) South Martin Luther King Jr. Ave	ite E Telephone number 727-584-3	528					
	lreturi termi	in-		G Gross receipts \$	13,854,994.					
Г	ated Amer	nded Clos	own, state or province, country, and ZIP or foreign postal code rwater, FL 33756	H(a) Is this a group retu						
F	returi Appli tion		nd address of principal officer:Kirk Ray Smith	for subordinates?						
	pend			56 H(b) Are all subordinates incl						
	Tax-ex				st. See instructions					
			villagesofamerica.org	H(c) Group exemption						
				ear of formation: 1972 M						
	art I			[.					
0	1	Briefly describ	e the organization's mission or most significant activities: ${ t To} { t feed}$ ${ t f}$	the hungry, he	lp					
Activities & Governance		familie	s facing homelessness return to self-	sufficiency, a	nd empower					
erné	2	Check this bo	$x \mathrel{\blacktriangleright}$ if the organization discontinued its operations or disposed of m	ore than 25% of its net ass						
0 No	3	Number of vot	ing members of the governing body (Part VI, line 1a)		17					
ن م	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)	17						
ies	5			47						
ivit	6			2500						
Act			d business revenue from Part VIII, column (C), line 12		0.					
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.					
				Prior Year 11,781,533.	Current Year 13,290,626.					
ani	8		and grants (Part VIII, line 1h)	107,693.	134,810.					
Revenue	9	•	ce revenue (Part VIII, line 2g)	-33,323.	46,574.					
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d)	159,479.	189,673.					
	11		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,015,382.	13,661,683.					
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	95,910.	164,567.					
			to or for members (Part IX, column (A), line 4)	0.	0.					
s		- · · · · ·		2,436,628.	2,242,819.					
Expenses	16a	Professional fi	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ▶132,445.	0.	0.					
bei	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) 132,445.							
ŵ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	9,631,069.	11,050,968.					
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,163,607.	13,458,354.					
	19		expenses. Subtract line 18 from line 12	-148,225.	203,329.					
0 C				Beginning of Current Year	End of Year					
Net Assets or	20	Total assets (F	Part X, line 16)	6,450,142.	6,400,993.					
it As	21		(Part X, line 26)	708,305.	332,680.					
			fund balances. Subtract line 21 from line 20	5,741,837.	6,068,313.					
	art II									
Und	der pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and stat	tements, and to the best of my l	knowledge and belief, it is					

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Kirk Ray Smith, Presid Type or print name and title	ent/CEO	Date					
	Print/Type preparer's name	Preparer's signature Date						
Paid	Mary Brown		self-employed P01892845					
Preparer	Firm's name 🍃 PDR CPAS + Advis	ors	Firm's EIN **-**7531					
Use Only	Firm's address 4023 Tampa Road,							
	Oldsmar, FL 3467	Phone no. 727 - 785 - 4447						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
032001 12-2	22.20 I HA For Paperwork Reduction Act Notic	ce see the senarate instructions	Eorm 990 (2020)					

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020) See Schedule O for Organization Mission Statement Continuation

Form	Hope Villages of America, Inc. **-***9186 Page 2
	rt III 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.
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?
3	5 5, 5 5 5 <u>, 7</u>
	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	
	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.
46	(Code:)(Expenses \$ 1,392,975. including grants of \$ 105,770.) (Revenue \$)
40	(Code:)(Expenses \$1,392,975. including grants of \$105,770.) (Revenue \$) 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
	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.
4c	(Code:)(Expenses T23,479. including grants of \$ 53,756.) (Revenue \$ 135,308.) Hope Villages of America's Housing Stability Services division includes
	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
	the first year. Our allofuable housing program serves if families, all
	of whom came from one of our residential programs.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$ 25,537.)
4e	Total program service expenses ► 12,366,604.
	Form 990 (2020)
03200	2 12-23-20

Form	990	(2020)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		77	
•	If "Yes," complete Schedule A	1	X X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		x
4	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		x
5	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	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			
	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			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	^	x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1 11		<u> </u>
IZa	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12u		<u> </u>
~	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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,			v
	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	40	v	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes,"</i>	40		x
20-	complete Schedule G, Part III	19 20a		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	\mathcal{I}			

			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			
	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			
	Schedule K. If "No," go to line 25a	24a		X
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
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			77
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
	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?	20		x
27	If "Yes," complete Schedule R, Part V, line 2	36		
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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		- 22
38	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2		100	110
b				
c				
J	(gambling) winnings to prize winners?	1c	Х	

Form 990	(2020)
Part V	Sta

			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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				v
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-	х	
a	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 7b	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	- 23	
С	to file Form 8282?	7c		x
А	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization receive any failed, directly of indirectly, to pay premiums on a personal benefit contract?	76 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	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 13b			
	Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
		14a 14b		
р 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
15	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.	10		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			_
				_

Form **990** (2020)

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

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
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 17			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
h	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
-	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	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 by the following:			
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	-		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
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, and 990-T (Section 501(c)(3)s only) avail	able
	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, conflict of interest policy, and	d finar	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 books and records			
	Jessica Carrasco - (727)460-1887			
	503 S. Martin Luther King Jr. Ave, Clearwater, FL 33756			

Part VII	Co	mpensation	of Office	ers, Dir	ectors,	, Trustees,	Key Employees,	Highest	Compensa ⁻	ted
	Em	ployees, and	d Indepe	ndent	Contra	ctors				

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.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition		one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer an	a a a	recto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		yee	mpen		(** 2/ 1000 10100)		and related
	below	id ual 1	Institutional trustee	5	Key employee	est co o yee	er			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) Kirk Ray Smith	50.00									
President and CEO				Х				151,413.	0.	0.
(2) Melinda Perry	50.00									
COO				Х				81,572.	0.	0.
(3) David Siracusa	1.00									
Chair		Х		Х				0.	0.	0.
(4) Seema Ramroop	1.00									
Vice Chair		Х		Х				0.	0.	0.
(5) Matthew Weber	1.00									
Secretary		Х		Х				0.	0.	0.
(6) Ed Cole	1.00									
Treasurer		Х		Х				0.	0.	0.
(7) Lonnie Brewer	0.50							_	_	_
Director		Х						0.	0.	0.
(8) Rod Davis	0.50									
Director		Х						0.	0.	0.
(9) Zebbie D. Atkinson IV	0.50									
Director		х						0.	0.	0.
(10) Cecil Howard	0.50									
Director		х						0.	0.	0.
(11) Lisa Johnson	0.50									
Director		х						0.	0.	0.
(12) Debra Jones	0.50									•
Director		X						0.	0.	0.
(13) Connolly McArthur	0.50									0
Director		X						0.	0.	0.
(14) Cherri McGrew	0.50									•
Director		X						0.	0.	0.
(15) Roderick Cunningham	0.50									•
Director		X						0.	0.	0.
(16) Emily Pano	0.50									0
Director		X			<u> </u>			0.	0.	0.
(17) Major Nathaly Patterson	0.50								~	0
Director		Х						0.	0.	0.

	990 (2020) Hope Vil	lages of	2	Ame	eri	Lca	a,	IJ	nc.	**_***	91	86	Page 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week	box offic	not c , unle	ss pe	ition more rson i	than is bot pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related		otł	nated unt of ner
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		from organi and re	nsation i the ization elated zations
	Adam McGill Ross ctor	0.50	х						0.	0			0.
	Laura Stewart	0.50		-						•	•		0.
	ctor		X						0.	0	•		0.
											+		
											+		
1b	Subtotal								232,985.		•		0.
с	Total from continuation sheets to Part VI	I, Section A							0.	-	•		0.
d	Total (add lines 1b and 1c)								232,985.	0	•		0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100),000 of reportable			1
												Ye	es No
3	Did the organization list any former officer,	director, truste	ee, k	key e	empl	loye	e, or	hig	hest compensated emp	oloyee on			
	line 1a? If "Yes," complete Schedule J for s	uch individual										3	X
4	For any individual listed on line 1a, is the su	•		•					•	•			-
_	and related organizations greater than \$150										· 🖵	<u>4</u> Σ	<u>x</u>
5	Did any person listed on line 1a receive or a								•			_	X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piete Scheduie	e J I	or si	ucn	pers	SON .					5	
1	Complete this table for your five highest co	mpensated inc	dene	ende	ent c	ontr	acto	ors t	hat received more than	\$100 000 of compe	nsati	ion fror	 m
·	the organization. Report compensation for	-	-								load		
	(A)	y			0				(B)			(C)	
	Name and business	address	NC	ONE	3				Description of s	ervices	Con	npensa	ation
								-					
2	Total number of independent contractors (i	ncludina but n	ot lii	mite	d to	tho	se lis	stec	l above) who received m	nore than			

0 \$100,000 of compensation from the organization

		Check if Schedule O	contains a	response	or note to any lin	e in this Part VIII			
					-	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
							lanetion revenue		sections 512 - 514
nts nts	1 a	Federated campaigns		1a					
ar		Membership dues		1b					
Other Revenue Contributions, Gifts, Grai Revenue and Other Similar Amour		Fundraising events		1c					
		Related organizations		1d					
	е			1e	2,770,708.				
rion S	f	All other contributions, gifts,	grants, and						
the		similar amounts not included	l above	1f	10,519,918.				
dt	g	Noncash contributions included in	n lines 1a-1f	1g \$	9,399,195.				
an Co	h	Total. Add lines 1a-1f		-		13,290,626.			
					Business Code				
8	2 a	Program fees			624200	134,810.	134,810.		
e rzi	b								
s Se	с								
am eve	d								
ogr	е								
P	f	All other program service	revenue						
	g					134,810.			
	3	Investment income (inclue			1				
		other similar amounts)			►	694.			694.
	4	Income from investment of	of tax-exen	npt bond p	proceeds 🕨 🕨				
	5	Royalties			🕨				
				i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b		6b						
	с	Rental income or (loss)	6c						
	d	Net rental income or (loss	;)						
	7 a	Gross amount from sales of	(i) S	Securities	(ii) Other				
		assets other than inventory	7a	207,769.					
	b	Less: cost or other basis							
an		and sales expenses	7b	142,293.	. 19,596.				
ven	с	Gain or (loss)	7c	65,476.	-19,596.				
Re		Net gain or (loss)				45,880.			45,880.
Jer		Gross income from fundraisi							
₹		including \$		of					
		contributions reported on		See					
		Part IV, line 18	· · · · · · · · · · · · · · · · · · ·	8a	195,558.				
	b	Less: direct expenses			31,422.				
		Net income or (loss) from			🕨	164,136.			164,136.
	9 a	Gross income from gamin	ng activities	s. See					
		Part IV, line 19							
	b	Less: direct expenses							
		Net income or (loss) from							
		Gross sales of inventory,							
		and allowances			a				
	b	Less: cost of goods sold							
		Net income or (loss) from							
		(,,		,	Business Code				
Miscellaneous Revenue	11 a	Miscellaneous			624200	25,537.	25,537.		
ane	b					,	, , , , , , , , , , , , , , , , , , ,		
eve	c								
lis B		All other revenue							
2		Total. Add lines 11a-11d				25,537.			
	12	Total revenue. See instruction				13,661,683.		0.	210,710.

Form 990 (2020)

Hope Villages of America, Inc	с.
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Part VIII Statement of Revenue

Form 990 (2020)Hope Villages of America, Inc.Part IXStatement of Functional Expenses

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	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	10 000			
	section 401(k) and 403(b) employer contributions)	10,888.	5,530.	5,358.	
9	Other employee benefits	149,139.	130,867.	18,272.	4 9 6 7
10	Payroll taxes	142,693.	95,322.	43,004.	4,367
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	· · · · · · · · · · · · · · · · · · ·				
d	, o				
е	Professional fundraising services. See Part IV, line 17	14 405		14 405	
f	Investment management fees	14,495.		14,495.	
g	Other. (If line 11g amount exceeds 10% of line 25,		04 600		
	column (A) amount, list line 11g expenses on Sch 0.)	63,463.	24,689.	38,774.	1 002
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	405 670	452 400	42 102	
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	0 010	216	9 406	
19	Conferences, conventions, and meetings	8,812. 3,294.	316.	8,496.	
20	Interest	3,494.		3,494.	
21	Payments to affiliates	296,744.	284,983.	11,761.	
22	Depreciation, depletion, and amortization	161,675.	151,376.	10,299.	
23	Insurance	.0/0.	101,010.	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
c	Miscellaneous	77,583.	31,517.	20,994.	25,072
d	Equipment Rental	61,440.	55,134.	5,226.	1,080
e		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)				

Hope Vi	llages	of	America,	Inc.
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-*<u>9186</u> Page **11**

Beginning of year End of year 1 Cash - non-interest-bearing 168,648.1 111, 2 Savings and temporary cash investments 20,462.2 11, 3 Pledges and grants receivable, net 661,405.3 669, 4 Accounts 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 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 6 7 Notes and loans receivable, net 7 8 147, 9 Prepaid expenses and deferred charges 92,913.9 147, 10a 8,828,278. 8 9 9 Prepaid expenses and deferred charges 132,337.11 149, 11 Investments - publicly traded securities 132,337.11 149, 12 Investments - other securities. See Part IV, line 11 13 14 14 13 14 14 14 15 Other assets. See Part	<u> </u>
2 Savings and temporary cash investments 20,462. 2 11, 3 Pledges and grants receivable, net 661,405. 3 669, 4 4 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 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 92, 913. 9 147, 10a 8,828,278. 8 9 Prepaid expenses and deferred charges 132, 337. 11 149, 11 Investments - publicly traded securities 132, 337. 11 149, 11 Investments - publicly traded securities 11, 059, 800. 15 1, 231, 12 Investments - program-related. See Part IV, line 11 13 14 13 Investments - program-related. See Part IV, line 11 13 14 14 10, 059, 800. 15 1, 231, <t< th=""><th></th></t<>	
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97Notes and loans receivable, net78Inventories for sale or use89Prepaid expenses and deferred charges92,913.910aLand, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D10abLess: accumulated depreciation10b11Investments - publicly traded securities10b12Investments - other securities. See Part IV, line 111213Investments - program-related. See Part IV, line 111314Intangible assets1415Other assets. See Part IV, line 111,059,800.1516Total assets. Add lines 1 through 15 (must equal line 33)6,450,142.1617Accounts payable and accrued expenses205,797.1718Grants payable18	
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14 Intangible assets 14 15 Other assets. See Part IV, line 11 1,059,800.15 1,231, 16 Total assets. Add lines 1 through 15 (must equal line 33) 6,450,142.16 6,400, 17 Accounts payable and accrued expenses 205,797.17 222, 18 Grants payable 18	
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17 Accounts payable and accrued expenses 205,797.17 222, 18 Grants payable 18	
18 Grants payable 18	
	240.
19 Deferred revenue 19	
20 Tax-exempt bond liabilities 20	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 21	
y 22 Loans and other payables to any current or former officer, director,	
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Controlled entity or family member of any of these persons 22	
controlled entity or family member of any of these persons	
23 Secured mortgages and notes payable to unrelated third parties 502, 500, 23 IIO,	140.
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	<u></u>
26 Total liabilities. Add lines 17 through 25 708, 305. 26 332,	500.
Organizations that follow FASB ASC 958, check here ► X	
8 and complete lines 27, 28, 32, and 33. 9 4,658,447. 27 4,846,	111
Image: Construction 4,658,447. 27 4,846, 28 Net assets with donor restrictions 1,083,390. 28 1,221,	260
28 Net assets with donor restrictions 1,083,390. 28 1,221,	509.
G Organizations that do not follow FASB ASC 958, check here	
and complete lines 29 through 33.	
29 Capital stock or trust principal, or current funds 29	
30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Detained correlate and surplusted income or other fundo	
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions 0rganizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances	313
33 Total liabilities and net assets/fund balances	

Form **990** (2020)

F Part X | Balance Sheet

orm	990	(2020))
	000	12020	/

	Hope Villages of America, Inc.	**_*	***9180	5 Pa	ige 12
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	13,60		
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,45		
3	Revenue less expenses. Subtract line 2 from line 1	3)3,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,74		
5	Net unrealized gains (losses) on investments	5	12	23,1	.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	6,00	58,3	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 basis,			
	consolidated basis, or both:				
	X 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 audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audi	t		
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audi	t		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Forr	n 990	(2020)

SCHEDULE A

(Form	990	or	990-E	Z)
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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.

OMB No. 1545-0047
2020
Open to Public Inspection

	Attach to Form 990 or Form 990-EZ. Open to Function Inspection									
Nar	Name of the organization Employer identification number									
Hope Villages of America, Inc. **-**9186										
Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.									
The	organ				For lines 1 through 12, o					
1			•		on of churches describe		,			
2					Attach Schedule E (Forn			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
3								ii).		
4	\square	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:								
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
-		•	-	Complete Part II.)						
6					nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	-		•	intial part of its support 1			. ,	he general	public described in
		0		omplete Part II.)		. en e ger			une general	
8		-			(1)(A)(vi). (Complete Par	t II.)				
9	\square				in section 170(b)(1)(A)(ed in coniu	unction with a	land-grant	college
-					culture (see instructions).					
		university:		, and conego or agine				,,		,
10			on that norma	Ilv receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, a	nd gross receipts from
		-		•	t to certain exceptions;					-
					(less section 511 tax) fr	. ,				0
				mplete Part III.)			loooo aoqe		gamzation	
11				. ,	ively to test for public sa	afety. See	section 50)9(a)(4).		
12	\square	-	-	-	ively for the benefit of, to	•			arry out the	e purposes of one or
					ed in section 509(a)(1) o					
					of supporting organizatio					
а		-			supervised, or controlled					<i>i</i> aivina
					gularly appoint or elect a					
			-	complete Part IV, Se						seppermig
b	,			-	d or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	avina
					anization vested in the s					
				t complete Part IV,					.gee eap	
с			. ,	•	g organization operated	in connec	tion with	and functiona	llv integrate	ed with.
			-	• • • •	s). You must complete l				, ,	,
d	ı 🗆		0		oorting organization oper				rted organi	ization(s)
			-	• •	zation generally must sa				•	()
				с С	nplete Part IV, Sections			•		
е	,	- ·	·	,	written determination fro				II. Type III	
		functionally	integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.			
f	Ente	er the number								
g				about the supporte	ed organization(s).					- <u>-</u>
	((i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other								
		organizatior	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)

Schedule A (Form 990 or 990-EZ) 2020 Hope Villages of America, Inc. Part II | Support Schedule for Organizations Described in Sections 170(b)

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

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(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.	
	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) 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.	
8	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							
	activities, whether or not the							
	business is regularly carried on	6,000.	3,000.				9,000.	
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						55,580,142.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12		
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)		
	organization, check this box and stop	here			-		>	
See	ction C. Computation of Publ	ic Support Pe	rcentage					
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11,	column (f))		14	99.94 %	
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	99.91 %	
16 a	6a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
	stop here. The organization qualifies	as a publicly supp	orted organization				► X	
b	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			▶∟	
17a	10% -facts-and-circumstances tes							
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	r e. Explain in Part '	VI how the organiz	ation	
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	ublicly supported of	organization			
b	10% -facts-and-circumstances tes	t - 2019. If the orga	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or	
	more, and if the organization meets th	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the		
	organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization							
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							
						dule A (Form 990		

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Hope Villages of America, Inc. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

See	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus- iness under section 513								
4	Tax revenues levied for the organ-								
•	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
k	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						_		
8	Public support. (Subtract line 7c from line 6.)								
	ction B. Total Support		1	1	1				
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b								
11	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.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	, fourth, or fifth tax	year as a section	501(c)(3) orga	nization,		
	check this box and stop here								
Se	ction C. Computation of Publi	c Support Pe	ercentage						
15	Public support percentage for 2020 (li	ne 8, column (f),	divided by line 13,	column (f))		15	%		
16	Public support percentage from 2019	Schedule A, Pari	t III, line 15			16	%		
	ction D. Computation of Invest			•					
17	Investment income percentage for 20	20 (line 10c. colu	mn (f), divided by	line 13. column (f))		17	%		
	Investment income percentage from 2					18	%		
	9a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not								
	more than 33 1/3%, check this box ar	-							
h	33 1/3% support tests - 2019. If the						3%. and		
~	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
20	Private foundation. If the organization			-		-			
				,,,					

Schedule A (Form 990 or 990-EZ) 2020

Yes 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.)

	res	NO
1		
2		
3a		
3b		
3c		
4a		
14		
4b		
4c		
5a		
5b		
<u>5c</u>		
6		
7		
0		
8		
9a		
9b		
9c		
10a		

10b

Schedule A (Form 990 or 990 EZ) 2020 Hope Villages of America, Inc.

2

Yes No

Yes No

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

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	

Sec	tion C. Type II Supporting Organizations
	supervised, or controlled the supporting organization.
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
~	Did the organization operate for the benefit of any supported organization other than the supported

000	bestion of Type in Supporting organizations						
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors						
	or trustees of each of the organization's supported organization(s)? If "No " describe in Port VI how control						

or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
or management of the supporting organization was vested in the same persons that controlled or managed		
the supported organization(s).	1	

Section	D.	All	Туре	III	Supporting	Organizations

Part IV Supporting Organizations (continued)

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

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

2a

2b

3a

3b

Schedule A (Form 990 or 990-EZ) 2020 Hope Villages of America, Inc. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	d Type III supporting or	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Hope Villages of America, Inc. **-**9186 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

	Type in Norr Functionally integrated 665	(u)(o) oupporting orgi	Contini	uea)	
Secti	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	IS	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 the	he organization is responsive	9		
	(provide details in Part VI). See instructions.	5		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributio Pre-2020	ns	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-			T	
	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				
	Applied to underdistributions of prior years				
	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				
-	Applied to 2020 distributable amount				
-	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, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020	Hope Vill	ages of	America,	Inc.	**-***9186 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I	mation. Provide th 2, 3b, 3c, 4b, 4c, 5a ines 2 and 3; Part IV	e explanations a, 6, 9a, 9b, 9c , Section E, lin	required by Part , 11a, 11b, and 11 es 1c, 2a, 2b, 3a,	II, line 10; Part II, line 17a o c; Part IV, Section B, lines	r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

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

Internal Revenue Service							
Name of the organization		Emp	loyer identification number				
Нс	pe Villages of America, Inc.	*	*-**9186				
Organization type (check o	ne):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
, 0	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ıle. Se	e instructions.				
General Rule							
÷	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor		· ·				
Special Rules							
sections 509(a)(1) any one contributo	X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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.						
contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the year, total contributions of more than \$1,000 exclusively for religious, charitable, so onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e) instead of the contributor name and address), II, and III.	cientific	2,				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year for an <i>exclusively</i> religious.							

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.

Name of organization

Employer identification number

-*9186

Hope Villages of America, Inc.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

		-	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>	Juvenile Welfare Board of Pinellas County 14155 58th St. N. Ste 100 Clearwater, FL 33760	\$ 556,922.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Florida Coalition Against Domestic Violence 425 Office Plaza Dr. Tallahassee, FL 32301	\$537,432.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Feeding Tampa Bay 4702 Transport Dr. Bldg 6 Tampa, FL 33605	\$ <u>715,159.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Feeding Tampa Bay 4702 Transport Dr. Bldg 6 Tampa, FL 33605	\$ 4,165,625.	Person Payroll Noncash X (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.)

Employer identification number

-*9186

Hope Villages of America, Inc.

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	Donated Food		
		\$ 4,165,625.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of or	rganization			Employer identification number
Hope V	Villages of America, Ind	с.		**-***9186
Part III	Exclusively religious, charitable, etc., contributi	ons to organizations described i		
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000	entry. For organizations or less for the year. (Enter thi	s info. once.) > \$
(a) No.	Use duplicate copies of Part III if additional	space is needed.		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Farti				
ŀ		(e) Transfer of g	vift	
			jiit	
	Transferee's name, address, an	d 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	(b) Purpose of gift	(c) Use of gift	(0	Description of now girt is neid
		(e) Transfer of g	gift	
			Deletienskin	
ŀ	Transferee's name, address, an		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
ľ	I	(e) Transfer of g	gift	
ŀ	Transferee's name, address, an	Id ZIP + 4	Relationship	of transferor to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1 41 1 1				
ŀ		(e) Transfer of g	gift	
	Transferee's name, address, ar	d ZIP + 4	Relationship	of transferor to transferee
		[

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 9	990)
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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.



		ganization
Nome of	the or	nonterinen

Hope Villages of America Inc Employer identification number **-***9186

Pa	t I Organizations Maintaining Donor Advise		or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	(b) Fur	nds 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 v	writing that the assets held in donor advis	ed funds	
	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o			
			-	Yes No
Pa	rt II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education)	a historically	/ important land area
	Protection of natural habitat	Preservation of	a certified h	istoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conserv	ation 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	Total acreage restricted by conservation easements			
с	Number of conservation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ure	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel			n during the tax
	year ►			
4	Number of states where property subject to conservation eas	sement is located 🕨		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation eas	sements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easeme	ents during the year
	►\$			
8	Does each conservation easement reported on line 2(d) abov	e 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 conservation	on easements in its revenue and expense	statement a	and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that de	scribes the
D	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of		ther Simi	iar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95			
	of art, historical treasures, or other similar assets held for pub			T public
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	ierance of p	ublic service,
	provide the following amounts relating to these items:		•	¢
	(i) Revenue included on Form 990, Part VIII, line 1			\$
~	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical treating for the following encounter and the following and		i gain, provid	be
_	the following amounts required to be reported under FASB A	-	•	¢
a k	Revenue included on Form 990, Part VIII, line 1			
a	Assets included in Form 990, Part X		📂	Φ

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	dule D (Form 990) 2020 Hope Vi t III Organizations Maintaining C	11ages of 2 Collections of Ar			Other \$		***9186 Page 2
3	Using the organization's acquisition, accessi						
-	collection items (check all that apply):		-, ,	g			
а	Public exhibition	d	Loan or excl	hange program			
b	Scholarly research	е		5 1 5			
с	Preservation for future generations						
4	Provide a description of the organization's c	ollections and explair	n how they further th	ne organization'	s exemp	t purpose in	Part XIII.
5	During the year, did the organization solicit of						
	to be sold to raise funds rather than to be m						Yes No
Pa	rt IV Escrow and Custodial Arran						IV, line 9, or
	reported an amount on Form 990, Pa		C				
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	s or other asset	ts not inc	cluded	
	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIII						
							Amount
с	Beginning balance					1c	
	Additions during the year					1d	
	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on F					?	Yes No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	planation has been	provided on Pa	urt XIII		
Pai	rt V Endowment Funds. Complete i	if the organization an	swered "Yes" on Fo	rm 990, Part IV	, line 10.		
		(a) Current year	(b) Prior year	(c) Two years b	ack (d)	Three years ba	ack (e) Four years back
1a	Beginning of year balance	415,542.	391,329.	395,2	274.	389,55	56. 374,037.
b	Contributions						
	Net investment earnings, gains, and losses	50,746.	24,213.	-3,9	944.	5,71	L8. 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.	391,3	329.	395,27	74. 389,556.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as:			·
а	Board designated or quasi-endowment 🕨		%				
b	Permanent endowment 100.0000	%					
с	Term endowment	%					
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.					
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered	d for the o	organization	
	by:						Yes No
	(i) Unrelated organizations						3a(i) X
	(ii) Related organizations						3a(ii) X
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Schedule R?				3b
	Describe in Part XIII the intended uses of the		wment funds.				
Pa	rt VI Land, Buildings, and Equipm	nent.					
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S	ee Form 990, P	Part X, line	e 10.	
	Description of property	(a) Cost or of basis (investn			(c) Accu depred		(d) Book value
1a	Land		48	9,242.			489,242.
	Buildings			1,281.	4,14	9,480.	3,411,801.
	Leasehold improvements						
	Equipment		68	2,692.	40	4,803.	277,889.
	Other			5,063.		3,635.	1,428.
	. Add lines 1a through 1e. (Column (d) must e					🕨	4,180,360.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Hope Villages of America,	Inc.	
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Part VII Investments - Other Securities.	on Form 000 Port IV/ line	11b Soc Form 000 Part V line 12	
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 e	nd-of-vear market value
(1) Financial derivatives			,
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)	1		
(F)	1		
(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"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	Description	a thind name	(b) Book value
(1) Beneficial interest in as (2) Externally controlled end		a third-party	302,204
	owillent		213,548
(3) Agency Reserve (4) Other Investments			243,110
			6,818
			0,010
(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.	c 10.)		2/202/000
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 2	25
I. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		•
 Liability for uncertain tax positions. In Part XIII, provide 			s that reports the

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

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dule D (Form 990) 2020 Hope Villages of America, Inc	
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Sche	edule D (Form 990) 2020 Hope Villages of America,			**_	***9186 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R	eturi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	a.			
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			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 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	13,661,683.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater			Retu	irn.
Pa		nents Wit		Retu	
P a	rt XII Reconciliation of Expenses per Audited Financial Stater	nents Wit a.	h Expenses per	Retu	ırn. 13,489,776.
	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	nents Wit a.	h Expenses per		
1	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements	a.	h Expenses per		
1	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents Wit	h Expenses per		
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 123 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	a. 2a 2b	h Expenses per		
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	h Expenses per		13,489,776.
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per		13,489,776. 31,422.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	h Expenses per	1	13,489,776.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per	1 2e	13,489,776. 31,422.
1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	h Expenses per	1 2e	13,489,776. 31,422.
1 2 6 6 6 3 4	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	h Expenses per	1 2e	13,489,776. 31,422.
1 2 6 6 6 3 4	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	h Expenses per	1 2e	13,489,776. 31,422. 13,458,354. 0.
1 2 a b c d e 3 4 a b c 5	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	h Expenses per 31,422.	1 2e 3	13,489,776. 31,422. 13,458,354.

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:

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.
RCS is not currently under examination by any taxing jurisdiction. HVA's
032054 12-01-20 Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Hope Villages of America, Inc. ** Part XIII Supplemental Information (continued) **	-***9186 Page 5
federal returns are generally open for examination for three ye	ars
following the date filed.	
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	Suppleme	ental Information Regarding	g Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" or organization entered more than \$				or 19,	or if the	2020
Department of the Treasury		Attach to Form 99	0 or Fo	rm 99	0-EZ.	_		Open to Public Inspection
Internal Revenue Service Name of the organization		o to www.irs.gov/Form990 for inst	ructior	is and	the latest informat	ion.	Employer	identification number
		llages of America	, In	c.			**_**	
	complete this par	 Complete if the organization answ t. 	ered "ו	es" o	n Form 990, Part IV,	line 1	7. Form 990)-EZ filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations dicitations on have a written o red in Form 990, P highest paid indiv	s f Solicita g Specia or oral agreement with any individua Part VII) or entity in connection with viduals or entities (fundraisers) purs	ation of ation of Il fundra al (inclu profess	non-g gover aising ding o sional 1	overnment grants nment grants events fficers, directors, true undraising services?	stees	์ <u>_</u> า	/es No to be
(i) Name and addres or entity (fund		(ii) Activity	have c	Did raiser sustody ntrol of utions?	(iv) Gross receipts from activity	tò (o	Amount pai or retained b fundraiser ted in col. (i)	by) to (or retained by)
			Yes	No				
Total								
3 List all states in whi or licensing.	ich the organizatio	on is registered or licensed to solicit	contrib	oution	s or has been notified	d it is	exempt from	m registration

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

Schedule G (Form 990 or 990-EZ) 2020

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

		of fundraising event contributions and gr	oss income on Form 990	D-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Blue Jean			(add col. (a) through
				FACES	1	col. (c)
e			(event type)	(event type)	(total number)	
Revenue						
Sev	1	Gross receipts	74,528.	30,630.	90,400.	195,558.
ш						
	2	Less: Contributions				
			= 4 = 5 0 0			105 550
	3	Gross income (line 1 minus line 2)	74,528.	30,630.	90,400.	195,558.
	4	Cash prizes				
SS	5	Noncash prizes				
pense	6	Rent/facility costs			2,160.	2,160.
Direct Expenses	7	Food and beverages			7,656.	7,656.
D	8	Entertainment	260.		6,150.	6,410. 15,196.
	9	Other direct expenses	2,295.		12,901.	15,196.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	31,422.
		Net income summary. Subtract line 10 from li				164,136.
Pa	ırt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				ange, progreeene ange		
Re		0				
	\vdash	Gross revenue				
	2	Cash prizes				
ses	2	Cash prizes				
Sen	3	Noncash prizos				
Exp	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_						

%

Yes

No

%

b	lf	"No "	explain:
		110,	слріані.

5

Other direct expenses

6 Volunteer labor

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:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Yes

7 Direct expense summary. Add lines 2 through 5 in column (d)

a Is the organization licensed to conduct gaming activities in each of these states?

No

%

Yes

No

_ Yes

No

_ No

Sch	nedule G (Form 990 or 990 EZ) 2020 Hope Villages of America, Inc. **-*	***9186	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
	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:		
á	a The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L 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 \blacktriangleright \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
-	retain the state gaming license?	Yes	No
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.		

			Villages	of	America,	Inc.
Part IV	Supplemental Infor	mation (continued)			

	1 /		

SCHEDULE I (Form 990)		Comple Comple	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.}	ler Assistan Id Individual n answered "Yes"	nd Other Assistance to Organizations, nts, and Individuals in the United State ganization answered "Yes" on Form 990, Part IV, line 21 o	zations, ted States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.ir	► Attach to Form 990. s.gov/Form990 for the la	 Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. 	ation.		Open to Public Inspection
Name of the organization	tion Hope Villages of		America, Inc					Employer identification number * * - * * 9186
Part I General I	General Information on Grants and Assistance							
1 Does the organi	Does the organization maintain records to substantiate the amount of	o substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	[
	criteria used to award the grants or assistance?	tance?						X Yes No
2 Describe in Part	becribe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants an	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Com	Somestic Organi	zations and Domestic	c Governments. C	omplete if the orga	nization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any of it additional encoded	IV, line 21, for any
1 (a) Name and a or go	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	Enter total number of section 501(c)(3) and government organizations I	id government or	ganizations listed in th	isted in the line 1 table				
3 Enter total numk	Enter total number of other organizations listed in the line 1 table	listed in the line 1	table					
LHA For Paperworl	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructi	ons for Form 990.					Schedule I (Form 990) 2020

032101 11-02-20

Schedule I (Form 990) 2020 Hope Villages c	of America,	a, Inc.			**-**9186 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	s. Complete if the	e organization answe	sred "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Rent and Mortgages	0	8,946.	0.	Rent/Mortgage payment paid on behalf of individuals	
Electric and Utilities	0	44,029.	0.	Utilities payments paid on behalf of individuals	
Transportation assistance	0	13,654.	0.	Bus passes, Taxi, car seats, bike helmets	
Other	0	97,938.	0.	Cost of other assistance provided	
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	u quired in Part I, lir	ne 2; Part III, column	(b); and any other a	lditional information.	
Part I, Line 2:					
HVA maintains records that describe	the	source of as	assistance a	and the type	
of activities and programs that the	le assistance	ъ.	allocated to	towards. Grants	
are broken out by Federal, State,	and Local	l and then by	. by the type	pe of program	
served.					
032102 11-02-20					Schedule I (Form 990) 2020

SC	HEDULE J	Compensation Information		OMB No.	1545-00)47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	20	20	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	ZU	,
Depa	tment of the Treasury	Attach to Form 990.		Open to		
Intern	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization			identificati		mber
De		Hope Villages of America, Inc.	**_	***918	6	
Ра	rt I Question	s Regarding Compensation				1
					Yes	No
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	, j				
	Travel for com					
		spending account Personal services (such as maid, chauffe	ur, chei)			
h	If any of the bayes	on line 1a are checked, did the organization follow a written policy regarding payment or				
b		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
-	•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization'	s			
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant Compensation survey or study				
	Form 990 of o	ther organizations X Approval by the board or compensation of	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 re	lated organization:				
а	Receive a severand	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		Х
С	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					37
						X
b		ation?		<u>5</u> b		X
		pr 5b, describe in Part III.				
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
-	contingent on the r			6.		x
		ation 2				X
a		ation?		6b		
7		or 6b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	0			
'		nes 5 and 6? If "Yes," describe in Part III		7		x
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				
0		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x
9		id the organization also follow the rebuttable presumption procedure described in				
3		a 53.4958-6(c)?		9		
ΙНΔ		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990) 2020
// 1			001100			,

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 HOPE Villages of America, Inc. **-**9186 Part II Officers. Directors. Trustees. Kev Emplovees. and Highest Compensated Emplovees. Use duplicate copies if additional space is needed	Υi	Hope Villages of A	America, I Compensated Empl	Inc. nolovees. Use duplica	<pre>** - ** 9186 te copies if additional space</pre>	186 space is needed.		Page 2
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. Section A, line 1a, applicable column (E) and (E) amounts for that individual.	be re orm 9	sported on Schedule. 990, Part VII. dividual must equal ti	J, report compensat he total amount of F	ion from the organiz orm 990, Part VII, S	ection A, line 1a, applic	om related organizatic cable column (D) and	ins, described in the ins (E) amounts for that ind	ructions, on row (ii). vidual.
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Kirk Ray Smith	(i)	151,413.	.0	.0	•0	.0	151,413.	•0
President and CEO	(ii)	•0	•0	• 0	• 0	•0	•0	• 0
	(i)							
	(ii)							
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							Schedu	Schedule J (Form 990) 2020

032112 12-07-20

Schedule J (Form 990) 2020 Hope Villages of America, Inc.	**-**9186 Page 3
Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	part for any additional information.
Part I, Line 3:	
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 and then presented to the Board for approval.	
	Schedule J (Form 990) 2020

032113 12-07-20

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury	
Internal Revenue Service	

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

Attach to Form 990.

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

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Emp

	Hope Village	es of A	merica, I	nc.	**_*	***9	186	
Pa								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of d noncash contrib	etermin	0	s
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	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X		9,399,195.	Estimated S	\$2.5	3/L	B
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other ()							
29	Number of Forms 8283 received by the organ							
	for which the organization completed Form 82	283, Part V, I	Donee Acknowledg	gement				
							Yes	No
30a	During the year, did the organization receive b	•	• • • • •					
	must hold for at least three years from the dat	e of the initia	al contribution, and	d which isn't required to be u	sed for			
	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	policy that r	equires the review	of any nonstandard contribu	itions?	31		X
32a	Does the organization hire or use third parties	or related of	rganizations to soli	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2020

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

Part II

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



-*9186

Form 990, Part I, Line 1, Description of Organization Mission:

Hope Villages of America, Inc.

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



INDEPENDENT AUDITOR'S REPORT	3 - 4
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Statements of Financial Position	5
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Notes to Schedule of Expenditures of Federal Awards	
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	30 - 31
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727-785-4447 813-498-1294 727-784-5491 Fax

www.pdr-cpa.com

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.

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 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 + AdvisoRA

Oldsmar, Florida March 21, 2022

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

	2021	2020
ASSETS		
Current Assets		
Cash and cash equivalents	\$ 22,074	\$ 189,110
Grants receivable	648,454	644,230
Unconditional promises to give - current Prepaid expenses	6,500 147,499	17,175 92,913
Frepaid expenses	147,499	92,915
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>8</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

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

	Without Donor	With Donor	То	otal
	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	4 405 005		4 405 005	0.050.000
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		62.016	62.016	11 011
in assets held by a third-party Change in value of	-	62,916	62,916	11,211
externally controlled endowments		50,746	50,746	24,213
Investment income, net	- 22,583	16,801	39,384	33,263
Other	25,367	10,001	25,367	38,078
Net assets released from restrictions	75,934	- (75,934)	20,007	50,070
	70,904	(73,934)		
Total public support and revenue	13,295,573	138,479	13,434,052	12,115,920
_				
Expenses				
Program services:	10.045.000		10 0 15 000	0.000.040
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 services:				
General and administrative	973,657	-	973,657	1,041,286
Fundraising	132,445		132,445	140,313
Total supporting services	1,106,102		1,106,102	1,181,599
Total Expenses	13,466,842		13,466,842	12,182,332
Total Expenses	13,400,042		10,400,042	12,102,552
Change in Net Assets Before Other Changes	(171,269)	138,479	(32,790)	(66,412)
Other Changes (Furgerse) Dever				
Other Changes - (Expense) Revenue	(0.004)		(0.004)	(0.004)
Interest expense	(3,294)	-	(3,294)	(6,024)
Other	(44)	-	(44)	-
Gain on forgiveness of note payable - PPP	382,200	-	382,200	-
(Loss) Gain on sale of property and	(10 - 00)		(10 - 00)	(= 0.0
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
ner Assers ar beginning of Tear	-,030,447	1,000,000	0,741,007	5,012,775
Net Assets at End of Year	\$ 4,846,444	\$ 1,221,869	\$ 6,068,313	\$ 5,741,837

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

	Without Donor Restrictions	With Donor Restrictions	Total
Public Support and Revenue Contributions	\$ 1,371,801	\$ 152,499	\$ 1,524,300
Federal grants	906,947	φ 102, 1 00 -	906,947
State and local grants	1,269,229	-	1,269,229
In-kind contributions 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
in assets held by a third-party	-	11,211	11,211
		04 040	04 040
	- 21,789	24,213 11,474	24,213 33,263
Other	38,078	-	38,078
Net assets released from restrictions	74,781	(74,781)	
Total public support and revenue	11,991,304	124,616	12,115,920
Expenses			
Program services:			
	8,929,810	-	8,929,810
•	801,910 1,269,013	-	801,910 1,269,013
Taven	1,209,013		1,209,013
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 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)
Appreciation in beneficial interest in assets held by a third-party Change in externally controlled endowments Investment income, net Other Net assets released from restrictions Total public support and revenue Expenses Program services: Food Bank Housing Haven Total program services Supporting services: General and administrative Fundraising Total supporting services Total supporting services Total Expenses Change in Net Assets Before Other Changes	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 Appreciation in beneficial interest in assets		(43,179)		(31,815)
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:		05 405		=0.400
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		-		382,200
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:	•	0.004	^	0.004
Cash paid during the year for interest	<u>\$</u>	3,294	\$	6,024
Purchases of property and equipment via issuance of note payable	\$	-	\$	87,238

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

	Program Services						Supporting Services				Total Expenses	
				Housing		Total	Administrative		Total			
	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		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.

HOPE VILLAGES OF AMERICA, INC. NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2021 AND 2020

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.

HOPE VILLAGES OF AMERICA, INC. NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2021 AND 2020

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 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.

HOPE VILLAGES OF AMERICA, INC. NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2021 AND 2020

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	Market		Market C			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.

HOPE VILLAGES OF AMERICA, INC. NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2021 AND 2020

NOTE G - ENDOWMENTS - CONTINUED

Internally Controlled Endowment - Continued

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

HOPE VILLAGES OF AMERICA, INC. NOTES TO FINANCIAL STATEMENTS SEPTEMBER 30, 2021 AND 2020

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	A 40.400	* 400.000	• • • • • • • • • •
Internally controlled, Neumann Externally controlled, Carlson Trust	\$ 49,138	\$ 100,000 466,288	\$ 149,138 466,288
Beneficial interest in assets held	-	400,200	400,200
by a third-party	196,047	106,157	302,204
	* • • • • • • • • • •	• • • • • • • • •	• • • • - • • • •
	\$ 245,185	\$ 672,445	\$ 917,630
	Donor	Donor	
	Restricted	Restricted	
September 30, 2020	For Use	in Perpetuity	Total
Donor restricted endowment funds			
Internally controlled, Neumann	\$ 32,337	\$ 100,000	\$ 132,337
Externally controlled, Carlson Trust	-	415,542	415,542
Beneficial interest in assets held		101.15-	
by a third-party	135,130	104,157	239,287
	\$ 167,467	\$ 619,699	\$ 787,166

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
Endowments, beginning of year Donations Disbursements Investment return: Investment income (net of fees) Net appreciation (realized and unrealized)	\$ 167,467 3,000 - 3,632 <u>73,086</u>	\$ 619,699 - - - 50,746	\$ 787,166 3,000 - 3,632 123,832
Endowments, end of year	\$ 247,185 Donor	\$ 670,445 Donor	\$ 917,630
September 30, 2020	Restricted For Use	Restricted in Perpetuity	Total
September 30, 2020 Endowments, beginning of year Donations Disbursements Investment return: Investment income (net of fees) Net appreciation (realized and unrealized)			Total \$ 745,515 1,000 (6,248) - 2,050 - 44,849

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					
	-	Assets asured at	Quoted Prices In Active Markets for Identical Assets		tive Significant ts for Other tical Observable ets Inputs		Unc	gnificant bservable Inputs
Description:	Fa	air 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 Beneficial interest in assets		466,288		-		-		466,288
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	
		Assets Measured at		Quoted Prices In Active Markets for Identical Assets		In Active Significant arkets for Other Identical Observable Assets Inputs		Uno	gnificant bservable Inputs
Description:	Fa	air Value		Level 1	Level 2		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		415,542		-		-		415,542	
Beneficial interest in assets									
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	\$	18,467
2023		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, the HVA Food Bank. Under these agreements, the HVA Food Bank property must be maintained and used in accordance with the agreements 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 for periods ranging from various for the HVA Food Bank. Under these agreements for periods ranging from various for the HVA Food Bank. Under these agreements for periods ranging from various for the HVA Food Bank. Under these agreements for periods ranging from various be maintained and used in accordance with the agreements for periods ranging from various be maintained and used in accordance with the agreements for periods ranging from various dates, the latest expiring Bank be agreements for periods ranging from various be maintained and used in accordance with the agreements for periods ranging from various dates, the latest expiring Bank be 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.

OTHER INFORMATION

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

d eral Agency ss- <i>Through Entity</i> deral Program or Cluster Title	CFDA Number	Contract/ Pass-Through Entity Identifying Number	Expenditures	Sub-Recipients
DERAL AWARDS:				
United States Department of Agriculture Passed through Feeding Tampa Bay				
Food Distribution Cluster:	40 500	N1/A	¢ 745 450	¢
Emergency Food Assistance Program (Administrative) Emergency Food Assistance Program (Food Commodities)	10.568 10.569	N/A N/A	\$	\$ -
Demonstrate of Henry in a stability on Development			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	14.210		42,109	-
Community Development Block				
Grants/Entitlement Grants	14.218	N/A	10,990	
			73,049	
Department of Justice Passed through Florida Department of Legal Affairs,				
Office of the Attorney General				
		VOCA-2020-Religious-		
Crime Victim Assistance	16.575	Community Servi- 00532	179,715	
	10.575	00002	175,715	-
Department of Health and Human Services				
Passed through Florida Coalition Against				
<u>Domestic Violence</u> 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	
Domestic Violence 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				
	93.558	20-2235-DVS	167,961	
			167,961	
Dependence of the elds and there are a series a				
Department of Health and Human Services Passed through Pinellas Community Foundation:	21.019	N/A	106,474	
COVID-19 Coronavirus Relief Fund	21.013			
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.

See independent auditor's report



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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 + AdvisoRA

Oldsmar, Florida March 21, 2022



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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.

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 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 in internal control over compliance is a deficiency or a combination of 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 is a deficiency 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 _X	_no	
Federal Awards Section				
Internal control over major federal programs	3:			
Material weakness(es) identified?		yes _X	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 require reported in accordance with 2 CFR part of the Uniform Guidance? Identification of major federal programs:		yes _X	_no	
Federal Programs: CFDA Numbers	Name of Federal			
10.568 10.569	Emergency Food Emergency Food		•	,
Dollar threshold used to distinguish betwee type A and type B Federal programs	n		\$	750,000
Auditee qualified as low-risk auditee for federal purposes?		yes _X	_no	

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 MAT CERTIFICATE DOES NOT AFFIRMATIVEL BELOW. THIS CERTIFICATE OF INSURA REPRESENTATIVE OR PRODUCER, AND	Y OF	R NE	GATIVELY AMEND, EXTEN ES NOT CONSTITUTE A CO	ND OR A	LTER THE C	OVERAGE A	FFORDED BY THE POLI	CIES	
IMPORTANT: If the certificate holder is a If SUBROGATION IS WAIVED, subject to this certificate does not confer rights to t	the t	erms	and conditions of the po	licy, cert	ain policies				
PRODUCER	the c	ertin	cate noider in neu of such	CONTACT	ι,	10			
NAME: PHONE (727) 595 1174 FAX (727) 550 0201						59-0301			
10801 Starkey Rd Ste 104, 109				(A/C, No, E-MAIL ADDRESS		50 1114	(A/C, No):	(121)0	00 0001
					INS	SURER(S) AFFOR	NDING COVERAGE		NAIC #
Seminole			FL 33777	INSURER	A . ·	hia Insurance	Companies		18058
INSURED				INSURER	υ.	Insurance			31194
Hope Villages of America Inc	A			INSURER	Takia Ma	Insurance			37540
503 South Martin Luther King Jr.	Aven	ue		INSURER	Duralia a ra	First Ins Co	Insurance Company		10945 11697
Clearwater			FL 33756	INSURER	L .				11097
			NUMBER: 2022 GL,BA,P	INSURER Prof UB D8			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF IN INDICATED. NOTWITHSTANDING ANY REQUIR CERTIFICATE MAY BE ISSUED OR MAY PERTA EXCLUSIONS AND CONDITIONS OF SUCH POL	NSUR REMEI IN, TH	ance Nt, te He ins	LISTED BELOW HAVE BEEN ERM OR CONDITION OF ANY (SURANCE AFFORDED BY THE ITS SHOWN MAY HAVE BEEN	I ISSUED T CONTRAC E POLICIE	TO THE INSUR CT OR OTHER S DESCRIBEI	RED NAMED AI DOCUMENT \ DHEREIN IS S	BOVE FOR THE POLICY PER WITH RESPECT TO WHICH T	HIS	
LTR TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	4 000	000
							EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000	
							PREMISES (Ea occurrence)	\$ 100,0 \$ 5,000	
A	Y	N	PHPK2385440		03/01/2022	03/01/2023	MED EXP (Any one person)	4 0.00	
	'	IN			00/01/2022	03/01/2023	PERSONAL & ADV INJURY	Ψ 0.000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	Ψ 0.000	
							PRODUCTS - COMP/OP AGG Employee Benefits	\$ 1,000	
OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ 1,000	-
ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$,
A OWNED SCHEDULED	Ν	Ν	PHPK2385440		03/01/2022	03/01/2023	BODILY INJURY (Per accident)	\$	
AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
							Uninsured motorist	\$ 1,000	0,000
							EACH OCCURRENCE	<mark>\$</mark> 1,000	0,000
A EXCESS LIAB CLAIMS-MADE	Ν	Ν	PHUB805144		03/01/2022	03/01/2023	AGGREGATE	\$	
DED X RETENTION \$ 10,000								\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTEOTH- ER		
	N/A		0521-21819-000		06/01/2022	06/01/2023	E.L. EACH ACCIDENT	<mark>\$</mark> 1,000	
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$ 1,000	
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000	
Directors and Officers	N	N	DSD1607901		02/01/0000	02/01/2022	EACH OCCURANCE		00,000
D	Ν	Ν	PSD1697801		03/01/2022	03/01/2023	AGGREGATE RETENTION		0,000
		000	04 Additional Demoder Octobert	montrat	abod if many		RETENTION	\$	10,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE: CRIME- is via Insurer B above - policy #1070541				-	-		etail)		
							,		
CYBER -is via Insured C above - policy # W2662	2D220	0401	, Limit/Agg \$1,000,000/\$1,00	00,000 Re	tention: \$5,00	00 3/1/2022-3/	1/2023		
Certificate Holder: Juvenile Welfare Board of Pin Non-Contributory basis as required by contract.	ellas	Coun	ty and their officials, officers, a	and empl	oyees are nar	med as Additio	nal Insured on a Primary		
CERTIFICATE HOLDER				CANCE					
Juvenile Welfare Board of Pinellas County SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORMED THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 14155 58th St N AUTHORIZED REPRESENTATIVE					BEFORE				
Clearwater			FL 33760			Rob	t Elith		
<u> </u>					(© 1988-2015	ACORD CORPORATION.	All rial	nts reserved.

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