

# Application Form

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## *Introduction*

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**Beginning 12/4/2020 at 9 AM, all applications will be reimbursement only. That is, no funding for future programming may be requested.**

**As of 5 PM, 11/12/2020, Behavioral Health proposals for future programming will no longer be accepted. Under the Behavioral Health category, you may only apply for reimbursement of past expenses related to COVID-19.**

**December 10 at 12 PM is the cutoff to submit an application for ANY funding.**

**NOTE: If your organization is awarded a grant, it is likely to be issued on a cost-reimbursement basis. This is determined at the contracting stage. Please consider this when developing your request and project start date.**

The submission of an application is not a guarantee or commitment of funding. This application will be made public, in its entirety, including any attachments or uploads.

To see the rubric by which your organization's application will be scored, [click here](#).

**Please answer these questions FIRST**, as the application will show you the required sections and fields to complete based on your answers.

### **Priority Funding Areas\***

Please select the priority area(s) most relevant to your request (see the PCF website for examples).

- Food
- Eviction Mitigation through Legal Aid

### **Reimbursement\***

The Pinellas CARES Nonprofit Partnership Fund allows requests to ask for reimbursement of expenditures related to COVID-19 programming within the Priority Funding Areas that took place between March 1, 2020 and the time of application.

Will your organization be applying for this cost reimbursement?

Yes

## Future Programming\*

Will your organization be applying for funding for services to be delivered between the grant award decision and December 30, 2020?

**As of 5 PM, 11/12/2020, you may no longer apply for future programming for Behavioral Health. You may only apply for reimbursement of already-rendered services related to COVID-19.**

Yes

## Project Name\*

COVID-19 Pinellas Relief

## EIN\*

59-1477007

## DUNS Number\*

Please provide your organization's DUNS number. This is the Data Universal Numbering System.

You can search for your DUNS number here: <https://www.dnb.com/duns-number/lookup.html>

If you do not have a DUNS number, you can apply for one here (it is free and may take 3-4 days for approval): <https://www.dnb.com/duns-number/get-a-duns.html>

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

158890319

## Mission Statement\*

Metropolitan Ministries' mission is to care for the homeless and those at risk of becoming homeless in our community through services that alleviate suffering, promote dignity, and instill self-sufficiency...as an expression of the ongoing ministry of Jesus Christ. Metropolitan Ministries does not proselytize and serves all who are in need.

## Total Operating Expenditure\*

What are your total annual operating expenses?

\$32,254,976.00

## Amount Requested\*

Please review the entire application and its fiscal requirements before determining the total amount your organization will be requesting. This amount should include any reimbursements your organization is seeking for past COVID-19 programming.

Typical funding requests will range between \$25,000 and \$250,000. Amounts above and below are accepted, provided the request can be justified by community need.

**Requests at the higher end, or above this range must have a significant and sustained impact on the vulnerable community being served. Your organization's capacity for spending a large amount of funds must also be justified.**

\$265,647.97

If you are requesting more than \$250,000 or a large capital expenditure, please speak with PCF program staff to discuss the feasibility of your request **PRIOR TO submission**.

## Priority Populations\*

Please select the priority populations your programming will serve:

Note: Examples of "high-risk pandemic response jobs" include front-line workers, nurses, medical housekeeping staff, nonprofit employees, law-enforcement and medical first responders.

- Children and/or the elderly
- People experiencing homelessness
- Low-income families

## Guiding Principles\*

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.

**From the priority populations you have indicated above, please explain to what extent one or more these populations are involved in the creation, design, and impact of your organization (or this specific project).**

MM serves families and individuals who are poor, homeless, or at-risk of becoming homeless. The majority of people served are either extremely low income (below 30% of Area Median Income) or very low income (below 50% of Area Median Income). Crises increase the likelihood that poor people will become homeless, and many families became food-insecure and at-risk of homelessness with the onset of the pandemic and widespread job loss. MM's COVID-19 response includes emergency food boxes to food-insecure individuals and families and financial assistance to those whose income was affected by the pandemic. In the initial stages of our response, we also delivered food boxes to home-bound individuals who were unable to shop for themselves due to social distancing and their increased vulnerability. To ensure services reflect the needs, cultures, and interests of those served, MM hosts monthly meetings with our Family Advisory Council, which informs our Family Support Center's outreach services.

## Length of time operating program/project\*

Please briefly explain how long you have been operating the program or project for which you are requesting funds. **This funding is for expansion of existing programming or sustaining an existing expansion to meet community needs.**

In response to COVID-19, Metropolitan Ministries launched our Essential Services emergency response plan on March 17th, 2020. MM will continue providing services to those affected throughout the pandemic and in its aftermath.

## Service Area\*

In which areas of the county do you physically provide services?

Mid-County (locations such as Clearwater, Largo, Safety Harbor)  
South County (locations such as St. Petersburg, Lealman, Kenneth City)

## Impact on Organization\*

What has been the impact of the coronavirus/COVID-19 on the services of your organization? (Example: inability to provide enough food, unable to provide behavioral health sessions, lack of volunteerism, etc.)

COVID-19 has had an overwhelming impact on the operation of Metropolitan Ministries and our services to those in need in the Tampa Bay area. Within the first month of providing Essential Services to those affected by COVID-19, MM increased volume of food boxes distributed by 7 times in order to meet the growing need. Requests for financial assistance to pay for rent and utility assistance also increased dramatically. Across Tampa Bay, MM went from distributing \$156,000 in direct financial assistance in 2019 to \$1.955 million since March 2020 to present. Although MM is Mainly based in Hillsborough and Pasco Counties, in order to address the growing need in Tampa Bay, Metropolitan Ministries reached out to existing Pinellas County partners to assist Pinellas residents with growing food insecurity. Before March 2020, Metropolitan Ministries did not provide food boxes to partner sites or provide financial assistance (rent or utility payments) to Pinellas County residents. Since March 2020, MM has provided 1,980 food boxes and provided \$88,047 of assistance to 77 households. An additional 3835 households were served with food in Pinellas for the Thanksgiving holiday, a 75% increase over 2019. Each food box provides a family with 3-5 days of food or 36 meals.

Additionally, COVID has impacted MM's overall infrastructure and core operations, including accounting, operations, and volunteer engagement. Programs have shifted to accommodate the need for social distancing, increasing staffing in some areas.

## *Fiscal Accountability*

### Federal Fund Disclosure\*

If your organization is awarded this grant, you may be considered a subrecipient of federal funding. THEREFORE, if you are deemed a subrecipient and your organization reaches a threshold of having spent more than \$750,000 in federal funding this fiscal year (this INCLUDES other federally funded programs), it will be subject to requirements of the Federal Single Audit Act. This will require your organization to comply with Federal Compliance Requirements and may necessitate additional expenses for your organization and you should prepare for this.

**It is advisable that you contact a certified public accountant (CPA) or other professional for guidance.**

Yes, my organization understands and assumes all liabilities/costs in regards to federal funding.

### **Audited Financial Statements\***

Does your organization routinely contract to have an audit conducted of its financial statements?

Yes

### **Most Recently Filed IRS Form 990\***

Please upload a copy of the organization's most recently filed IRS Form 990. **This is absolutely required.**

Metropolitan Ministries Inc. 2018 Form 990 PDC.pdf

### **Board-Approved Budget\***

Please upload your most recently board-approved budget for this fiscal year in PDF format.

Summarized Budget - FY2021.pdf

## ***Audited Financial Statements***

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### **Most Recent Audited Financial Statements\***

If your organization routinely contracts for an independent audit of its financial statements, including audits in accordance with Uniform Guidance and/or Chapter 10.650, Rules of the Auditor General, upload the most recent audit. The document should not be more than a year old.

Metropolitan Ministries Inc. and Affiliates - Financial Statement 2020.pdf

### **Management Letter\***

Please provide a management letter indicating any findings from your organization's most recent independent audit.

**If there is no management letter, please explain why.**

Please find management letter included in audited financials file uploaded in previous question.

## ***Expansion or Sustaining of Exact Programming Funded by Another Source***

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### **Existing Contract**

If you are applying for funding to expand and/or sustain COVID-19 response programming that has already been funded by another source, please upload that contract here and provide a brief description of the funding source and relationship with the funder. Please note that any costs funded by another source are not allowed to be included in this application. Only the costs that are required to expand or sustain programs in excess of that funding will be considered for the purposes of this application.

N/A

## ***Reimbursement of COVID-19 Related Expenses***

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Your organization may seek reimbursement for COVID-19 related expenditures between March 1, 2020 and the time of submittal of this application. **This is NOT a replacement for the loss of revenue from canceled fundraising events or a decrease in private/public support. These are costs already incurred and paid from reserves or rainy day funds that were used to deliver services within this funding's focus areas, *specifically* in response to the COVID-19 pandemic. These are funds that were NOT budgeted for use in this fiscal year.**

### **Attestation\***

I affirm that this funding was expended by my organization solely for program costs in relation to COVID-19, and is not being requested on a unit-of-service basis. None of these costs have been reimbursed by any other funding source.

Yes, I affirm the above is accurate and true.

### **Amount of Reimbursement Requested\***

Please specify the total amount of reimbursement your organization is seeking.

\$136,647.97

### **Documentation of Expenses\***

**Please use this template to describe the expenses for which you are seeking reimbursement.**

Upload records of expenses indicating the use of unbudgeted funds using some or all of the financial documents:

- Receipts documenting the purchase of unbudgeted items or service
- Credit Card Statements showing payment of items (with MOST account numbers REDACTED)
- Bank Statements showing payment of credit cards (with MOST account numbers REDACTED)
- Financial reports that were presented to a Board of Directors
- Board minutes that show authorization of withdrawal(s) from reserve funds

- Bank statements with redacted account numbers indicating usage of unbudgeted funds

**If you have selected more than one Priority Funding Area in the introductory section, please ensure to include information that separates the expenses.** If necessary, use the textbox below to indicate any clarifying information regarding uploaded documentation.

MetMin-CARES-Reimbursement-of-Past-Expenses-and-Backup.pdf  
 Uploaded documentation includes the following:

For the food funding category, please find in pages 6-24 receipts for food purchases made to fill food boxes between May-December 2020 (summary line items 1-6).

For the eviction mitigation funding category, please find in pages 25-148 the checks paid to landlords/mortgage companies for emergency rent and utilities assistance on behalf of clients directly affected financially by COVID-19 (summary line items 7-83).

## Number Served by Funding Area\*

Please *briefly* specify how many people were served by the programming for which you are seeking reimbursement. If you are applying for reimbursement in multiple Funding Areas, *be sure* to provide numbers for each one. Numbers do not need to be unduplicated.

### Example

**Food: 1250 people**

**Behavioral Health: 250 people**

Food: 6,930

Eviction mitigation: 269

## Funding and Usage

### Client Service Delivery\*

Briefly describe the services to be delivered under the programming for which you are requesting funding. Please include when and where the services will occur, how the target population will access the services, and the length of time the services will be provided. **Please specify the zip codes of participants. If not available, specify the zip codes of service delivery points.**

Metropolitan Ministries (MM) requests funding to provide emergency food and financial assistance to individuals and families at risk of homelessness in Pinellas County in the aftermath of COVID-19. Emergency food boxes called Boxes of Hope are packed in MM's warehouse and are distributed by community partners in Pinellas County. Distribution sites are located in the following zip codes: 34677, 33755, 33714, 34695. Each Box of Hope contains enough food for 3-4 days depending on household size. Clients seeking financial assistance can apply online at [www.metromin.org](http://www.metromin.org). Clients seeking rent assistance must provide documentation of their place of residence and evidence from an employer that they have experienced job loss or reduced hours due to COVID-19. Clients seeking utilities assistance must provide the same employment documentation and a past due notice of their utility bill. If the request is approved, payments are made directly to the client's landlord or utilities provider. Spanish-speaking Client Services Coordinators are also available to assist clients who speak Spanish. MM will continue to provide emergency assistance to those affected for the duration and aftermath of this crisis. In the face of this pandemic, Metropolitan Ministries

remains committed to alleviating suffering and promoting dignity for the most vulnerable members of our community.

### Communication/Outreach and Community Engagement Efforts\*

In what ways is your organization marketing and communicating its available programming to the community it serves? How will you ensure that your target population is aware of your services and utilizes them?

Metropolitan Ministries' COVID-19 assistance programs are listed on our website, [www.metromin.org](http://www.metromin.org), under the "Get Help" tab. Availability of services and any changes to operating days/hours are communicated through our social media platforms. Updates and general marketing of available services are also communicated through local news media. In addition, community partners who distribute food boxes and serve hot meals communicate with their local communities to get the word out that they have emergency food for individuals and families in need.

### Hurricane Preparedness\*

If a hurricane-related emergency were to strike Pinellas County this year and cause an interruption in your organization's normal programming, how would you return to offering the programming, and continue to spend awarded funds from this grant?

**There is an expectation that your programming will be able to continue in the event of a hurricane-related emergency.**

*If your organization has a COOP (Continuity of Operations Plan), you may upload it here instead of providing a text answer. You may redact sensitive information from your organization's COOP.*

Hurricane Plan.pdf

### Evidence of Insurance Coverage\*

Grantees of the Pinellas CARES Nonprofit Partnership Fund will be required to maintain appropriate insurance to cover the services proposed in this application. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance policies that cover the programming for which your organization is requesting funds.

**If there is no insurance coverage for this programming, please provide an explanation as to why.**

Certificate of Insurance.pdf

### Insurance Requirement\*

**If you are awarded a contract for the Pinellas CARES Nonprofit Partnership Fund, you will be required to list Pinellas Community Foundation as an additional insured through your general liability insurance. If you would like to begin this process now, please contact your general liability insurance carrier.**

**Here is the information for your carrier:**

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.**

Yes, I understand this requirement.

The Budget Summary and Budget Narrative sections are absolutely critical to a successful application. Improperly completed forms will be returned to you to fix, and will delay a funding decision being made on your application. Please see the examples in each section. To avoid rejection of your organization's application, PCF HIGHLY recommends you watch this short, instructional video as well: **Budget Narrative/Summary Instructions**

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**Update as of 9/25/2020:** Due to new U.S. Department of the Treasury guidance, the CARES Act does not cover *any* administrative or indirect costs. The Budget Narrative and Summary have been updated. CFO, CEO, and other types of "administrative" time must be documented as a **direct cost on an hourly basis** under Personnel or Contracted Services. The above webinar will be updated shortly.

If your organization is awarded a grant, it is likely to be issued on a cost-reimbursement basis. Please consider this when developing your budget narrative and summary.

**Note about Hazard Pay:** Hazard pay will not automatically be approved as a budget item. Hazard pay is only for hazardous duty or work involving physical hardship, in each case that is related to COVID-19. Much of the immediate hazards of COVID-19 can be mitigated by appropriate use of PPE and/or regular sanitizing of spaces. The threshold for approval of hazard pay is high. It is best that you inquire in advance of adding this to a budget in your grant application.

If you would like to use a unit of service cost as a basis for your budget, you **MUST** contact Pinellas Community Foundation program staff **FIRST** to discuss this possibility.

## Budget Summary\*

Please download the budget summary template [HERE](#) and complete it. **If you have selected multiple Priority Fund Areas, you should include ALL costs in this summary.**

**Capital includes buildings, vehicles, equipment at \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities. Outright purchase must be less than the cost of renting or leasing OR if renting or leasing is not available.**

**[CLICK HERE TO SEE AN EXAMPLE OF A PROPERLY COMPLETED BUDGET SUMMARY.](#)**

Please export as a PDF and upload it.

MetMin-CARES-Partnership-Fund-Budget-Summary-Grant.pdf

## Budget Narrative\*

Please download the budget narrative template [HERE](#) and complete it.

**The budget narrative needs to do more than define the expenses. It should clearly state what is going to be paid using CARES funds and then justify the expenses as a program expansion (or sustaining an already expanded program) as a result of COVID-19. Do not bold, underline, or italicize. Use dollar amounts that match your Budget Summary.**

**If you have selected multiple Priority Fund Areas, you should include ALL costs in this narrative.**

**[CLICK HERE TO SEE AN EXAMPLE OF A PROPERLY COMPLETED BUDGET NARRATIVE.](#)**

**Capital includes buildings, vehicles, equipment at \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities. Outright purchase must be less than the cost of renting or leasing OR if renting or leasing is not available.**

Please export as a PDF and upload it.

CARES-Partnership-Fund-Budget-Narrative-Grant (002).pdf

## Capital Requests

If you are requesting funding for capital expenses, please upload bids/estimates/rental agreements to match the expenses described in your budget summary and narrative.

Please upload in PDF format.

Logistical partner organizations (LPOs) are considered to be a critical part of service delivery strategy for this grant program, and using them is highly encouraged. Typical LPOs are:

- Grassroots organizations with small annual operating budgets (under \$50,000)
- Churches and other faith-based organizations
- Neighborhood associations
- Social organizations/collaboratives

- Resident councils in low-income house communities
- Neighborhood family centers
- Senior centers

Their essential role is to serve as outreach, information, referral and service delivery sites for food distribution, legal aid counseling to prevent evictions and behavioral health services, consistent with the three priority need areas in the grant specifications.

### Are you going to use LPOs in this programming?\*

Yes

## *Logistical Partner Organizations (LPOs)*

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### LPO List\*

Please upload a list with entity names and primary contact information for each LPO. If there is additional information to provide, do so in the text box below.

LPO List.pdf

### Role in Programming\*

Please describe the role(s) of specified LPOs in the programming proposed in this application.

Metropolitan Ministries partners with the listed LPOs to distribute food boxes to food-insecure families in Pinellas County. Partners pick up pre-packaged food boxes from Metropolitan Ministries' warehouse and distributes them from their organization site. Partnering with these organizations allows Metropolitan Ministries to extend our reach into food-insecure neighborhoods and increases access to food as individuals do not have to travel as far to receive it.

## *Food*

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This grant will require weekly reporting on the following measures:

- **Number of Pinellas County residents** accepting food by zip code of participant or distribution point (participant zip code is preferred)

### Affirmation of Reporting\*

I affirm that my organization is capable of providing weekly reports on the above measures.

Yes

### Number of Pinellas County Residents Served During Grant Period - Food\*

This grant period ends on December 30, 2020. Please estimate the number of clients that will be served **food** by the end of the grant period.

21980

### September 2020 Projections - Food\*

Please estimate the number of individuals to be served **food** by this funding in **September 2020**.

0

### October 2020 Projections - Food\*

Please estimate the number of individuals to be served **food** by this funding in **October 2020**.

0

### November 2020 Projections - Food\*

Please estimate the number of individuals to be served **food** by this funding in **November 2020**.

0

### December Projections - Food\*

Please estimate the number of individuals to be served **food** by this funding in **December 2020**.

15050

## *Eviction Mitigation through Legal Aid*

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This grant will require weekly reporting on the following measures:

- **Percentage of target met** of the projected **monthly number of households** receiving eviction mitigation services from legal aid
- **Number and percentage of eviction actions that were resolved** to allow residents to remain in their homes

### Affirmation of Reporting\*

I affirm that my organization is capable of providing weekly reports on the above measures.

Yes

### Number of Clients Served During Grant Period - Eviction Mitigation\*

This grant period ends on December 30, 2020. Please estimate the number of clients that will be served for **eviction mitigation through legal aid** by the end of the grant period.

269

### September Projections - Eviction Mitigation\*

Please estimate the number of individuals to be served by this funding for **eviction mitigation through legal aid** in **September 2020**.

0

### September Projections - Percentage of Eviction Actions Resolved\*

Please estimate the percentage of evictions actions resolved by this funding in **September 2020**.

0

### October Projections - Individuals Served - Eviction Mitigation\*

Please estimate the number of individuals to be served by this funding for **eviction mitigation through legal aid** in **October 2020**.

0

### October Projections - Percentage of Eviction Actions Resolved

Please estimate the percentage of evictions actions resolved by this funding in **October 2020**.

0

### November Projections - Eviction Mitigation\*

Please estimate the number of individuals to be served by this funding for **eviction mitigation through legal aid** in **November 2020**.

0

### November Projections - Percentage of Eviction Actions Resolved\*

Please estimate the percentage of evictions actions resolved by this funding in **November 2020**.

0

### December Projections - Eviction Mitigation\*

Please estimate the number of individuals to be served by this funding for **eviction mitigation through legal aid** in **December 2020**.

0

### December - Percentage of Eviction Actions Resolved\*

Please estimate the percentage of evictions actions resolved by this funding in **December 2020**.

0

## *Funder Involvement*

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**Which of the funders have provided a grant to your organization within the last three years?\***

Regions Bank  
United Way Suncoast  
Wells-Fargo

### Other Funding Sources

If your organization has submitted applications to other funders or has received funding in response to coronavirus/COVID-19 from another funder, please briefly describe below:

In response to COVID-19, Metropolitan Ministries has received funding from corporate and family foundations. Metropolitan Ministries' top five funders for COVID-19 relief include the Vinik Family Foundation, USAA, Raymond James Financial, the DeBartolo Family Foundation, and the Yerrid Family Foundation.

### Corrective Action\*

Is your organization currently under a corrective action agreement with any funder (including but not limited to those listed above)? If yes, please explain in detail, including the status of the corrective action. If no, state **No**.

No.

## *Confirmation*

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### **Signature and Affirmation\***

By submitting this application, I hereby swear that executive leadership is aware of this request for funding, and if this funding is approved, my organization will be able to use these funds in the manner described in the application.

**Please type your name as an electronic signature and the date on which you are submitting this application.**

Betty Katsamaklis, Director, Grants & Contracts - 12/04/2020

## File Attachment Summary

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### *Applicant File Uploads*

- Metropolitan Ministries Inc. 2018 Form 990 PDC.pdf
- Summarized Budget - FY2021.pdf
- Metropolitan Ministries Inc. and Affiliates - Financial Statement 2020.pdf
- MetMin-CARES-Reimbursement-of-Past-Expenses-and-Backup.pdf
- Hurricane Plan.pdf
- Certificate of Insurance.pdf
- MetMin-CARES-Partnership-Fund-Budget-Summary-Grant.pdf
- CARES-Partnership-Fund-Budget-Narrative-Grant (002).pdf
- LPO List.pdf

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2018**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

|  |   |  |
|--|---|--|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>METROPOLITAN MINISTRIES, INC</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>2002 NORTH FLORIDA AVENUE</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>TAMPA, FL 33602</b><br><b>F</b> Name and address of principal officer: <b>AMY KERN</b><br><b>SAME AS C ABOVE</b> | <b>D</b> Employer identification number<br><b>59-1477007</b><br><b>E</b> Telephone number<br><b>813-209-1000</b><br><b>G</b> Gross receipts \$ <b>27,839,184.</b><br><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   |  |
| <b>J</b> Website: ▶ <b>WWW.METROMIN.ORG</b>  |   |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |   |  |
| <b>L</b> Year of formation: <b>1975</b>  |   | <b>M</b> State of legal domicile: <b>FL</b>  |

**Part I Summary**

| <b>Activities &amp; Governance</b>   | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>CARE FOR THE HOMELESS AND THOSE AT RISK OF BECOMING HOMELESS.</b><br><b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.<br><b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <span style="float:right"><b>30</b></span><br><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <span style="float:right"><b>30</b></span><br><b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a) ..... <b>5</b> <span style="float:right"><b>397</b></span><br><b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <span style="float:right"><b>28078</b></span><br><b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <span style="float:right"><b>0.</b></span><br><b>7b</b> Net unrelated business taxable income from Form 990-T, line 38 ..... <b>7b</b> <span style="float:right"><b>0.</b></span>  |  |                           |              |   |             |             |   |             |             |  |             |             |  |            |            |  |             |             |   |             |             |  |           |           |  |
|--|--|--|---------------------------|--------------|---|-------------|-------------|---|-------------|-------------|--|-------------|-------------|--|------------|------------|--|-------------|-------------|---|-------------|-------------|--|-----------|-----------|--|
| <b>Revenue</b>   | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="right">Prior Year</th> <th align="right">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td align="right">22,801,032.</td> <td align="right">24,015,630.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td align="right">639,114.</td> <td align="right">1,095,014.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td align="right">8,009.</td> <td align="right">9,662.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td align="right">1,701,074.</td> <td align="right">1,506,877.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td align="right">25,149,229.</td> <td align="right">26,627,183.</td> </tr> </tbody> </table>   |  | Prior Year                | Current Year | <b>8</b> Contributions and grants (Part VIII, line 1h) .....                  | 22,801,032. | 24,015,630. | <b>9</b> Program service revenue (Part VIII, line 2g) .....                                       | 639,114.    | 1,095,014.  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....  | 8,009.      | 9,662.      | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... | 1,701,074. | 1,506,877. | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... | 25,149,229. | 26,627,183. |   |             |             |  |           |           |  |
|  | Prior Year   | Current Year   |                           |              |   |             |             |   |             |             |  |             |             |  |            |            |  |             |             |   |             |             |  |           |           |  |
| <b>8</b> Contributions and grants (Part VIII, line 1h) .....                                       | 22,801,032.  | 24,015,630.  |                           |              |   |             |             |   |             |             |  |             |             |  |            |            |  |             |             |   |             |             |  |           |           |  |
| <b>9</b> Program service revenue (Part VIII, line 2g) .....  | 639,114.   | 1,095,014.   |                           |              |   |             |             |   |             |             |  |             |             |  |            |            |  |             |             |   |             |             |  |           |           |  |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....                      | 8,009.   | 9,662.   |                           |              |   |             |             |   |             |             |  |             |             |  |            |            |  |             |             |   |             |             |  |           |           |  |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....           | 1,701,074.   | 1,506,877.   |                           |              |   |             |             |   |             |             |  |             |             |  |            |            |  |             |             |   |             |             |  |           |           |  |
| <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... | 25,149,229.  | 26,627,183.  |                           |              |   |             |             |   |             |             |  |             |             |  |            |            |  |             |             |   |             |             |  |           |           |  |
| <b>Expenses</b>  | <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td><b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....</td> <td align="right">10,426,214.</td> <td align="right">11,858,816.</td> </tr> <tr> <td><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,034,942.</b></td> <td></td> <td></td> </tr> <tr> <td><b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....</td> <td align="right">15,629,516.</td> <td align="right">15,388,866.</td> </tr> <tr> <td><b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....</td> <td align="right">26,055,730.</td> <td align="right">27,247,682.</td> </tr> <tr> <td><b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....</td> <td align="right">-906,501.</td> <td align="right">-620,499.</td> </tr> </tbody> </table> | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... | 0.                        | 0.           | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... | 0.          | 0.          | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... | 10,426,214. | 11,858,816. | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... | 0.          | 0.          | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,034,942.</b>   |            |            | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....                       | 15,629,516. | 15,388,866. | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... | 26,055,730. | 27,247,682. | <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... | -906,501. | -620,499. |  |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....                   | 0.   | 0.   |                           |              |   |             |             |   |             |             |  |             |             |  |            |            |  |             |             |   |             |             |  |           |           |  |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....                      | 0.   | 0.   |                           |              |   |             |             |   |             |             |  |             |             |  |            |            |  |             |             |   |             |             |  |           |           |  |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....  | 10,426,214.  | 11,858,816.  |                           |              |   |             |             |   |             |             |  |             |             |  |            |            |  |             |             |   |             |             |  |           |           |  |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....                     | 0.   | 0.   |                           |              |   |             |             |   |             |             |  |             |             |  |            |            |  |             |             |   |             |             |  |           |           |  |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,034,942.</b>             |  |  |                           |              |   |             |             |   |             |             |  |             |             |  |            |            |  |             |             |   |             |             |  |           |           |  |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....                       | 15,629,516.  | 15,388,866.  |                           |              |   |             |             |   |             |             |  |             |             |  |            |            |  |             |             |   |             |             |  |           |           |  |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....          | 26,055,730.  | 27,247,682.  |                           |              |   |             |             |   |             |             |  |             |             |  |            |            |  |             |             |   |             |             |  |           |           |  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....                               | -906,501.  | -620,499.  |                           |              |   |             |             |   |             |             |  |             |             |  |            |            |  |             |             |   |             |             |  |           |           |  |
| <b>Net Assets or Fund Balances</b>   | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="right">Beginning of Current Year</th> <th align="right">End of Year</th> </tr> </thead> <tbody> <tr> <td><b>20</b> Total assets (Part X, line 16) .....</td> <td align="right">20,526,094.</td> <td align="right">19,071,968.</td> </tr> <tr> <td><b>21</b> Total liabilities (Part X, line 26) .....</td> <td align="right">4,904,814.</td> <td align="right">4,059,471.</td> </tr> <tr> <td><b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....</td> <td align="right">15,621,280.</td> <td align="right">15,012,497.</td> </tr> </tbody> </table>  |  | Beginning of Current Year | End of Year  | <b>20</b> Total assets (Part X, line 16) .....                                | 20,526,094. | 19,071,968. | <b>21</b> Total liabilities (Part X, line 26) .....   | 4,904,814.  | 4,059,471.  | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....     | 15,621,280. | 15,012,497. |  |            |            |  |             |             |   |             |             |  |           |           |  |
|  | Beginning of Current Year  | End of Year  |                           |              |   |             |             |   |             |             |  |             |             |  |            |            |  |             |             |   |             |             |  |           |           |  |
| <b>20</b> Total assets (Part X, line 16) .....   | 20,526,094.  | 19,071,968.  |                           |              |   |             |             |   |             |             |  |             |             |  |            |            |  |             |             |   |             |             |  |           |           |  |
| <b>21</b> Total liabilities (Part X, line 26) .....  | 4,904,814.   | 4,059,471.   |                           |              |   |             |             |   |             |             |  |             |             |  |            |            |  |             |             |   |             |             |  |           |           |  |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....                         | 15,621,280.  | 15,012,497.  |                           |              |   |             |             |   |             |             |  |             |             |  |            |            |  |             |             |   |             |             |  |           |           |  |

**Part II Signature Block**

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

|                               |   |   |
|-------------------------------|---|---|
| <b>Sign Here</b>              | Signature of officer<br><b>AMY KERN, CHIEF FINANCIAL OFFICER</b><br>Type or print name and title                                | Date  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>SAM A. LAZZARA</b>   | Preparer's signature<br>Date<br>Check <input type="checkbox"/> if self-employed<br>PTIN<br><b>P01342929</b> |
|                               | Firm's name ▶ <b>RIVERO, GORDIMER &amp; COMPANY, P.A.</b><br>Firm's address ▶ <b>P. O. BOX 172359</b><br><b>TAMPA, FL 33672</b> | Firm's EIN ▶ <b>59-3040705</b><br>Phone no. (813) <b>875-7774</b>   |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO CARE FOR THE HOMELESS AND THOSE AT RISK OF BECOMING HOMELESS IN OUR COMMUNITY, THROUGH SERVICES THAT ALLEVIATE SUFFERING, PROMOTE DIGNITY, AND INSTILL SELF-SUFFICIENCY AS AN EXPRESSION OF THE ONGOING MINISTRY OF JESUS CHRIST.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 7,715,968. including grants of \$ ) (Revenue \$ ) OUTREACH AND PREVENTION SERVICES: THE FOCUS OF THIS PROGRAM IS REACHING OUT TO HUNGRY PEOPLE AND PREVENTING HOMELESSNESS. THE MINISTRIES REACHES OUT TO HUNGRY PEOPLE BY PROVIDING PREPARED MEALS TO PARTNER ORGANIZATIONS, LOCATED THROUGHOUT THE TAMPA BAY AREA, WHERE ANYONE WHO IS HUNGRY CAN BE FED. SINCE OCTOBER 2014 THE MINISTRIES HAS ALSO PREPARED AND SERVED HOT MEALS TO HUNGRY HOMELESS AT ITS NEWLY-CONSTRUCTED KITCHEN AT ITS PASCO COUNTY CAMPUS IN HOLIDAY, FLORIDA.

CONTINUED ON SCHEDULE O.

4b (Code: ) (Expenses \$ 11,588,364. including grants of \$ ) (Revenue \$ 2,290,452. ) RESIDENTIAL AND OFFSITE PROGRAMS: UPLIFT HALL, HOPE HALL AND OFFSITE APARTMENTS AND PROGRAMS ARE AIMED AT DEALING WITH THE ISSUES OF POVERTY AND HOMELESSNESS BY FOCUSING ON THE NEEDS OF EACH INDIVIDUAL SITUATION, AS FOLLOWS: - MIRACLEPLACE RESIDENCE SERVICES 100 FAMILY LIVING UNITS IN TAMPA AND AN ADDITIONAL 24 FAMILY LIVING UNITS IN PASCO AT OUR HOLIDAY, FLORIDA LOCATION OFFER HOMELESS FAMILIES A SAFE PLACE TO LIVE WHILE FINDING THEIR WAY TO SELF-SUFFICIENCY. THESE ON-SITE RESIDENCES ARE SUPPLEMENTED BY OFFSITE APARTMENTS SCATTERED THROUGHOUT LOCAL COMMUNITIES IN HILLSBOROUGH COUNTY. CONTINUED ON SCHEDULE O.

4c (Code: ) (Expenses \$ 4,064,750. including grants of \$ ) (Revenue \$ 17,494. ) CHILDHOOD AND ADULT EDUCATION: -CHILDHOOD EDUCATION THE MINISTRIES OFFERS ITS ACCREDITED PROMISELAND EARLY CHILDHOOD EDUCATION PROGRAM AND ADDITIONAL HEAD START PROGRAM SERVICES IN PARTNERSHIP WITH HILLSBOROUGH COUNTY. THE COMBINED PROGRAMS SERVED OVER 308 CHILDREN AGES 0 - 5 WITH HIGH QUALITY CHILDCARE SERVICES FOR THE YEAR ENDED JUNE 30, 2019. - A NEW LARGER PARTNERSHIP SCHOOL BUILDING WAS OPENED AUGUST 2015, WITH CAPACITY TO SERVE 150 STUDENTS. THE HILLSBOROUGH COUNTY SCHOOL DISTRICT OPERATES THE KINDERGARTEN TO GRADE 5 PARTNERSHIP SCHOOL FOR THE MINISTRIES' CURRENT AND FORMER RESIDENT CHILDREN. THE SCHOOL DISTRICT PROVIDES CURRICULUM AND PAYS FOR ALL SCHOOL ADMINISTRATIVE AND TEACHING STAFF, EQUIPMENT AND SUPPLIES. CONTINUED ON SCHEDULE O.

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

4e Total program service expenses 23,369,082.

**Part IV Checklist of Required Schedules**

|  | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | X   |    |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....   | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....   |     | X  |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....   |     | X  |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   |     | X  |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....   | X   |    |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....   | X   |    |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....   |     | X  |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....   |     | X  |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....  | X   |    |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   |     | X  |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....  | X   |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....  |     | X  |
| b Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  | X   |    |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? .....  |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> ..... |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....   |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....   |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....   |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....   | X   |    |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....   |     | X  |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....   |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....   |     |    |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....  |     | X  |

**Part IV Checklist of Required Schedules** (continued)

|  | Yes | No |
|--|-----|----|
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....   |     | X  |
| <b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....  | X   |    |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....                           |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....  |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....   |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....   |     | X  |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....                                 |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <b>28</b> 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):  |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  | X   |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....  |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....  |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....  |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....  | X   |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   | X   |    |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     | X  |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     | X  |
| <b>37</b> 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 "Yes," complete Schedule R, Part VI</i> .....   |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....  | X   |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|   | Yes | No |
|---|-----|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....  |     |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....  |     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | X   |    |

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

|  |  | Yes | No  |
|--|--|-----|-----|
| <b>2a</b>  | 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   |     | 397 |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | X   |     |
| <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) |  |     |     |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |     | X   |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  |     |     |
| <b>4a</b>  | 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)? |     | X   |
| <b>b</b>   | If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |     |     |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | X   |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X   |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |     |     |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    |     | X   |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |     |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |     |
| <b>a</b>   | 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?  | X   |     |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | X   |     |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     | X   |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year  |     | 7d  |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     | X   |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     | X   |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | N/A |     |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | N/A |     |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   |     | N/A |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |     |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966?   |     | N/A |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |     | N/A |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |     |     |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   | N/A | 10a |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |     | 10b |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |     |     |
| <b>a</b>   | Gross income from members or shareholders  | N/A | 11a |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   |     | 11b |
| <b>12a</b>   | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |     | 12a |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | N/A | 12b |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |     |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?   |     | N/A |
| <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.         |  |     |     |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  |     | 13b |
| <b>c</b>   | Enter the amount of reserves on hand   |     | 13c |
| <b>14a</b>   | Did the organization receive any payments for indoor tanning services during the tax year?   |     | X   |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  |     |     |
| <b>15</b>  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?   |     | X   |
| If "Yes," see instructions and file Form 4720, Schedule N.   |  |     |     |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  |     | X   |
| If "Yes," complete Form 4720, Schedule O.  |  |     |     |

**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 in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>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 in Schedule O. |     |    |
|           | <b>1a</b> 30   |     |    |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent   |     |    |
|           | <b>1b</b> 30   |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?   |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   |     | X  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   |     | X  |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>b</b>   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | X   |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>b</b>   | Other officers or key employees of the organization  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>b</b>   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**AMY KERN - 813-209-1000**  
**2002 N. FLORIDA AVENUE, TAMPA, FL 33602**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A)<br>Name and Title                        | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) THOMAS CORNETT<br>CHAIR                  | 2.00<br>6.00  | X   |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| (2) CHRIS CHRISTENBERRY<br>SECRETARY         | 2.00<br>6.00  | X   |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| (3) PRESTON FARRIOR<br>MM FOUNDATION LIAISON | 2.00<br>1.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (4) BRYCE R. KENNY<br>VC ADVANCEMENT         | 2.00<br>6.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (5) ANDY MAY<br>VC FACILITIES                | 2.00<br>6.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (6) JEFF MARPLE<br>VC SOCIAL ENTERPRISE      | 2.00<br>1.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (7) ANDREW PITTMAN<br>VC FINANCE & AUDIT     | 2.00<br>6.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (8) CARLOS BALDOR<br>VC PROGRAMS             | 2.00<br>1.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (9) PATRICIA HANCOCK<br>PAST CHAIR           | 1.00<br>1.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (10) RICK ALVAREZ<br>DIRECTOR                | 1.00<br>1.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (11) ROBERT D. BASHAM<br>DIRECTOR            | 1.00<br>1.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (12) CHAS BRUCK<br>DIRECTOR                  | 1.00<br>1.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (13) DAVID BESHEARS<br>DIRECTOR              | 1.00<br>1.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (14) KAREN BUESING<br>DIRECTOR               | 1.00<br>1.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (15) REVEREND EVAN BURROWS<br>DIRECTOR       | 1.00<br>1.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (16) ANDREA CHENEY<br>DIRECTOR               | 1.00<br>1.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (17) CHAD CHRONISTER<br>DIRECTOR             | 1.00<br>1.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (18) GERARD COUGHLIN<br>DIRECTOR                               | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (19) FRANK FERRERI<br>DIRECTOR                                 | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (20) SCOTT FINK<br>DIRECTOR                                    | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (21) JOSH HELMS<br>DIRECTOR                                    | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (22) ROSE HESTER<br>DIRECTOR                                   | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (23) KURT HULL<br>DIRECTOR                                     | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (24) LINDA MILLS<br>DIRECTOR                                   | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (25) DAVID REDMOND<br>DIRECTOR                                 | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (26) JEROME RYANS<br>DIRECTOR                                  | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>1b Sub-total</b>  |   |   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              | 389,838. | 0.   | 32,487.   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              | 389,838. | 0.   | 32,487.   |   |

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

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address   | (B)<br>Description of services           | (C)<br>Compensation |
|--|--|---------------------|
| NU VISTA FOODS GROUP<br>8329 NORTH ARMENIA AVE, TAMPA, FL 33604              | FOOD DISTRIBUTION                        | 1,279,367.          |
| FLORIDA BLUE<br>PO BOX 660299, DALLAS, TX 75266-0299                         | MEDICAL INSURANCE/EE BENEFITS            | 1,262,618.          |
| MASTERWORKS, INC., 19462 POWDER HILL PLACE<br>NE, POULSBO, WA 98370          | MARKETING                                | 913,210.            |
| MILLIE A. REDMOND<br>2514 PROSPECT RD, TAMPA, FL 33629                       | PRINCIPAL PAYOFF AND INTEREST PAYMENT ON | 673,144.            |
| BANK OF AMERICA - COMMERCIAL CARD<br>PO BOX 15731, WILMINGTON, DE 19886-5731 | PURCHASING CARD                          | 523,922.            |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **26**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

|  |   |  | (A)<br>Total revenue           | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |           |
|--|---|--|--------------------------------|---|---|--|-----------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>    | <b>1 a</b> Federated campaigns  | <b>1a</b>  |                                |   |   |  |           |
|  | <b>b</b> Membership dues  | <b>1b</b>  |                                |   |   |  |           |
|  | <b>c</b> Fundraising events   | <b>1c</b>  | 934,583.                       |   |   |  |           |
|  | <b>d</b> Related organizations  | <b>1d</b>  |                                |   |   |  |           |
|  | <b>e</b> Government grants (contributions)  | <b>1e</b>  | 4,242,244.                     |   |   |  |           |
|  | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above  | <b>1f</b>  | 18,838,803.                    |   |   |  |           |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$  |  | 5,547,121.                     |   |   |  |           |
|  | <b>h Total.</b> Add lines 1a-1f   |  | 24,015,630.                    |   |   |  |           |
|  | <b>Program Service<br/>Revenue</b>  | <b>2 a</b> SHELTER FOOD SERVICES                         | <b>Business Code</b><br>624210 | 435,427.  | 435,427.                                |  |           |
| <b>b</b> READINESS VOUCHERS  |   | 624200   | 370,214.                       | 370,214.  |   |  |           |
| <b>c</b> LOW-INCOME HOUSING RENTAL                                   |   | 624200   | 169,165.                       | 169,165.  |   |  |           |
| <b>d</b> NMTC LEASED EMPLOYEE FEE                                    |   | 624200   | 102,714.                       | 102,714.  |   |  |           |
| <b>e</b> CHILD CARE FEES   |   | 624410   | 17,494.                        | 17,494.   |   |  |           |
| <b>f</b> All other program service revenue                           |   |  |                                |   |   |  |           |
| <b>g Total.</b> Add lines 2a-2f                                      |   |  | 1,095,014.                     |   |   |  |           |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts)  |  | 9,662.                         |   |   | 9,662.   |           |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds   |  |                                |   |   |  |           |
|  | <b>5</b> Royalties  |  |                                |   |   |  |           |
|  | <b>6 a</b> Gross rents  | (i) Real   | (ii) Personal                  |   |   |  |           |
|  |   | <b>b</b> Less: rental expenses                           |                                |   |   |  |           |
|  |   | <b>c</b> Rental income or (loss)                         |                                |   |   |  |           |
|  |   | <b>d</b> Net rental income or (loss)                     |                                |   |   |  |           |
|  | <b>7 a</b> Gross amount from sales of<br>assets other than inventory  | (i) Securities   | (ii) Other                     |   |   |  |           |
|  |   | <b>b</b> Less: cost or other basis<br>and sales expenses |                                |   |   |  |           |
|  |   | <b>c</b> Gain or (loss)                                  |                                |   |   |  |           |
|  |   | <b>d</b> Net gain or (loss)                              |                                |   |   |  |           |
|  | <b>8 a</b> Gross income from fundraising events (not<br>including \$ 934,583. of<br>contributions reported on line 1c). See<br>Part IV, line 18 | <b>a</b>   |                                | 0.  |   |  |           |
|  |   | <b>b</b> Less: direct expenses                           | <b>b</b>                       | 271,045.  |   |  |           |
|  |   | <b>c</b> Net income or (loss) from fundraising events    |                                | -271,045.                                       |   |  | -271,045. |
|  | <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19   | <b>a</b>   |                                |   |   |  |           |
| <b>b</b> Less: direct expenses                                       |   | <b>b</b>   |                                |   |   |  |           |
| <b>c</b> Net income or (loss) from gaming activities                 |   |  |                                |   |   |  |           |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances | <b>a</b>  |  | 2,458,964.                     |   |   |  |           |
|  | <b>b</b> Less: cost of goods sold   | <b>b</b>   | 940,956.                       |   |   |  |           |
|  | <b>c</b> Net income or (loss) from sales of inventory   |  | 1,518,008.                     | 1,518,008.                                      |   |  |           |
| <b>Miscellaneous Revenue</b>   |   | <b>Business Code</b>                                     |                                |   |   |  |           |
| <b>11 a</b> MISCELLANEOUS INCOME                                     | 900099  |  | 167,414.                       |   |   | 167,414.   |           |
| <b>b</b> OTHER INCOME  | 900099  |  | 92,500.                        |   |   | 92,500.  |           |
| <b>c</b>   |   |  |                                |   |   |  |           |
| <b>d</b> All other revenue   |   |  |                                |   |   |  |           |
| <b>e Total.</b> Add lines 11a-11d                                    |   |  | 259,914.                       |   |   |  |           |
| <b>12 Total revenue.</b> See instructions                            |   |  | 26,627,183.                    | 2,613,022.                                      | 0.                                      | -1,469.  |           |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                       |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |                                 |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 389,387.              | 198,587.                        | 190,800.                               |                             |
| 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  | 9,393,428.            | 8,337,795.                      | 792,554.                               | 263,079.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 160,067.              | 141,448.                        | 13,308.                                | 5,311.                      |
| 9 Other employee benefits   | 1,167,971.            | 1,032,113.                      | 97,105.                                | 38,753.                     |
| 10 Payroll taxes  | 747,963.              | 660,960.                        | 62,186.                                | 24,817.                     |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   |                       |                                 |  |                             |
| c Accounting  |                       |                                 |  |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees  |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)  | 1,541,382.            | 1,290,887.                      | 246,694.                               | 3,801.                      |
| 12 Advertising and promotion  | 497,984.              | 144,726.                        | 119,234.                               | 234,024.                    |
| 13 Office expenses  | 733,484.              | 684,741.                        | 47,205.                                | 1,538.                      |
| 14 Information technology   |                       |                                 |  |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 2,129,202.            | 2,070,335.                      | 57,107.                                | 1,760.                      |
| 17 Travel   | 160,845.              | 154,340.                        | 3,791.                                 | 2,714.                      |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   |                       |                                 |  |                             |
| 20 Interest   | 3,654.                | 3,539.                          | 115.                                   |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 698,823.              | 663,882.                        | 34,941.                                |                             |
| 23 Insurance  | 235,065.              | 223,312.                        | 11,753.                                |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a <b>IN-KIND GOODS</b>  | 5,547,121.            | 5,547,121.                      |  |                             |
| b <b>PROGRAM/DONOR DEVELOPME</b>  | 1,753,875.            | 171,896.                        | 133,803.                               | 1,448,176.                  |
| c <b>FOOD PROGRAMS</b>  | 1,105,966.            | 1,105,897.                      | 69.                                    |                             |
| d <b>PROGRAM ACTIVITIES AND</b>   | 936,402.              | 910,116.                        | 18,386.                                | 7,900.                      |
| e All other expenses  | 45,063.               | 27,387.                         | 14,607.                                | 3,069.                      |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e  | 27,247,682.           | 23,369,082.                     | 1,843,658.                             | 2,034,942.                  |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|  |  | (A)                    |             | (B)         |            |
|--|--|------------------------|-------------|-------------|------------|
|  |  | Beginning of year      |             | End of year |            |
| Assets   | <b>1</b> Cash - non-interest-bearing .....   | 2,527,383.             | <b>1</b>    | 2,175,987.  |            |
|  | <b>2</b> Savings and temporary cash investments .....  |                        | <b>2</b>    | 223,350.    |            |
|  | <b>3</b> Pledges and grants receivable, net .....  | 1,399,742.             | <b>3</b>    | 922,859.    |            |
|  | <b>4</b> Accounts receivable, net .....  | 160,965.               | <b>4</b>    | 182,524.    |            |
|  | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                        |             |             | <b>5</b>   |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |                        |             |             | <b>6</b>   |
|  | <b>7</b> Notes and loans receivable, net .....   |                        | <b>7</b>    |             |            |
|  | <b>8</b> Inventories for sale or use .....   |                        | <b>8</b>    |             |            |
|  | <b>9</b> Prepaid expenses and deferred charges .....   | 352,996.               | <b>9</b>    | 352,846.    |            |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 13,345,446. |             |             |            |
|  | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 8,675,839.  | 5,069,685.  | <b>10c</b>  | 4,669,607. |
|  | <b>11</b> Investments - publicly traded securities .....   |                        | <b>11</b>   |             |            |
|  | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 511,485.               | <b>12</b>   | 511,226.    |            |
|  | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                        | <b>13</b>   |             |            |
|  | <b>14</b> Intangible assets .....  | 2,275.                 | <b>14</b>   | 2,275.      |            |
|  | <b>15</b> Other assets. See Part IV, line 11 .....   | 10,501,563.            | <b>15</b>   | 10,031,294. |            |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 20,526,094.  | <b>16</b>              | 19,071,968. |             |            |
| Liabilities  | <b>17</b> Accounts payable and accrued expenses .....  | 1,109,024.             | <b>17</b>   | 1,383,653.  |            |
|  | <b>18</b> Grants payable .....   |                        | <b>18</b>   |             |            |
|  | <b>19</b> Deferred revenue .....   | 539,463.               | <b>19</b>   | 295,491.    |            |
|  | <b>20</b> Tax-exempt bond liabilities .....  |                        | <b>20</b>   |             |            |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                        | <b>21</b>   |             |            |
|  | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                        | <b>22</b>   |             |            |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   | 2,793,327.             | <b>23</b>   | 2,380,327.  |            |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   | 463,000.               | <b>24</b>   | 0.          |            |
|  | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  |                        | <b>25</b>   |             |            |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....  | 4,904,814.             | <b>26</b>   | 4,059,471.  |            |
| Net Assets or Fund Balances  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                        |             |             |            |
|  | <b>27</b> Unrestricted net assets .....  | 14,195,485.            | <b>27</b>   | 13,862,513. |            |
|  | <b>28</b> Temporarily restricted net assets .....  | 1,116,795.             | <b>28</b>   | 1,149,984.  |            |
|  | <b>29</b> Permanently restricted net assets .....  | 309,000.               | <b>29</b>   | 0.          |            |
|  | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                        |             |             |            |
|  | <b>30</b> Capital stock or trust principal, or current funds .....   |                        | <b>30</b>   |             |            |
|  | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                        | <b>31</b>   |             |            |
|  | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                        | <b>32</b>   |             |            |
|  | <b>33</b> Total net assets or fund balances .....  | 15,621,280.            | <b>33</b>   | 15,012,497. |            |
|  | <b>34</b> Total liabilities and net assets/fund balances .....   | 20,526,094.            | <b>34</b>   | 19,071,968. |            |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |             |
|----|--|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 26,627,183. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 27,247,682. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -620,499.   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 15,621,280. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 11,716.     |
| 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 in Schedule O)   | 9  | 0.          |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 15,012,497. |

**Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other   |     |    |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |     |    |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?   |     | X  |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  |     |    |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis  |     |    |
| b Were the organization's financial statements audited by an independent accountant?   | X   |    |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   |     |    |
| <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis   |     |    |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  |     |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  | X   |    |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits     | X   |    |

Form 990 (2018)

Public Disclosure Copy



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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2014  | (b) 2015  | (c) 2016  | (d) 2017  | (e) 2018  | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 22991224. | 21252598. | 21117196. | 22801032. | 24015630. | 112177680 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |           |           |           |           |           |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |           |           |           |           |           |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 22991224. | 21252598. | 21117196. | 22801032. | 24015630. | 112177680 |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |           |           |           |           |           |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |           |           |           |           |           | 112177680 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2014  | (b) 2015  | (c) 2016  | (d) 2017  | (e) 2018  | (f) Total                |
|--|-----------|-----------|-----------|-----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 22991224. | 21252598. | 21117196. | 22801032. | 24015630. | 112177680                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...   | 16,130.   | 25,129.   | 9,775.    | 8,009.    | 9,662.    | 68,705.                  |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...  |           |           |           |           |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  | 72,152.   | 98,061.   | 125,834.  | 161,895.  | 167,414.  | 625,356.                 |
| <b>11 Total support.</b> Add lines 7 through 10  |           |           |           |           |           | 112871741                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |           |           |           |           | 12        |                          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |           |           |           |           |           | <input type="checkbox"/> |

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

|   |                                     |         |
|---|-------------------------------------|---------|
| <b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b>                           | 99.39 % |
| <b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....  | <b>15</b>                           | 99.28 % |
| <b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  | <input checked="" type="checkbox"/> |         |
| <b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   | <input type="checkbox"/>            |         |
| <b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    | <input type="checkbox"/>            |         |
| <b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... | <input type="checkbox"/>            |         |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  | <input type="checkbox"/>            |         |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> 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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

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

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

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |

**Section C. Type II Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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). |     |    |

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

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).  |     |    |
| <b>3</b> By reason of the relationship described in (2), 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.   |     |    |

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

|  |     |    |
|--|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).   |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.   |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  |     |    |
| <b>2</b> Activities Test. Answer (a) and (b) below.  |     |    |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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. | Yes | No |
| <b>b</b> Did the activities described in (a) 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.  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.  |     |    |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.  |     |    |
| <b>b</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.   |     |    |

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

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

| <b>Section A - Adjusted Net Income</b> |  | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1                                      | Net short-term capital gain  | 1              |                             |
| 2                                      | Recoveries of prior-year distributions   | 2              |                             |
| 3                                      | Other gross income (see instructions)  | 3              |                             |
| 4                                      | Add lines 1 through 3  | 4              |                             |
| 5                                      | Depreciation and depletion   | 5              |                             |
| 6                                      | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                                      | Other expenses (see instructions)  | 7              |                             |
| 8                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| <b>Section B - Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities   | 1a             |                             |
| b                                       | Average monthly cash balances   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 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 1-1/2% 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 .035   | 6              |                             |
| 7                                       | Recoveries of prior-year distributions  | 7              |                             |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C - Distributable Amount</b> |   |   | Current Year |
|---|---|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1 |              |
| 2                                       | Enter 85% of line 1   | 2 |              |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3 |              |
| 4                                       | Enter greater of line 2 or line 3   | 4 |              |
| 5                                       | Income tax imposed in prior year  | 5 |              |
| 6                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  | 6 |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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

| Section D - Distributions   | Current Year |
|---|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |              |
| <b>9</b> Distributable amount for 2018 from Section C, line 6   |              |
| <b>10</b> Line 8 amount divided by line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2018 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.  |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2018   |                             |  |   |
| <b>a</b> From 2013   |                             |  |   |
| <b>b</b> From 2014   |                             |  |   |
| <b>c</b> From 2015   |                             |  |   |
| <b>d</b> From 2016   |                             |  |   |
| <b>e</b> From 2017   |                             |  |   |
| <b>f Total</b> of lines 3a through e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2018 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2013 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| <b>4</b> Distributions for 2018 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2018 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |  |   |
| <b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.  |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2014  |                             |  |   |
| <b>b</b> Excess from 2015  |                             |  |   |
| <b>c</b> Excess from 2016  |                             |  |   |
| <b>d</b> Excess from 2017  |                             |  |   |
| <b>e</b> Excess from 2018  |                             |  |   |

Schedule A (Form 990 or 990-EZ) 2018

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2014 AMOUNT: \$ 72,152.

2015 AMOUNT: \$ 98,061.

2016 AMOUNT: \$ 125,834.

2017 AMOUNT: \$ 161,895.

2018 AMOUNT: \$ 167,414.

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**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2018**

Name of the organization

**METROPOLITAN MINISTRIES, INC**

Employer identification number

**59-1477007**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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.

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

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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).

|   |   |
|---|---|
| Name of organization<br><br><b>METROPOLITAN MINISTRIES, INC</b> | Employer identification number<br><br><b>59-1477007</b> |
|---|---|

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

| (a)<br>No.                  | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|-----------------------------|-----------------------------------|----------------------------|---|
| 1                           | <br><hr/><br><hr/><br><hr/>       | \$ <u>1,634,405.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2                           | <br><hr/><br><hr/><br><hr/>       | \$ <u>1,200,060.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3                           | <br><hr/><br><hr/><br><hr/>       | \$ <u>1,063,327.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <br><hr/><br><hr/><br><hr/> | <br><hr/><br><hr/><br><hr/>       | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <br><hr/><br><hr/><br><hr/> | <br><hr/><br><hr/><br><hr/>       | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <br><hr/><br><hr/><br><hr/> | <br><hr/><br><hr/><br><hr/>       | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

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|   |   |
|---|---|
| Name of organization<br><br><b>METROPOLITAN MINISTRIES, INC</b> | Employer identification number<br><br><b>59-1477007</b> |
|---|---|

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

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |

Public Disclosure Copy

|   |   |
|---|---|
| Name of organization<br><br><b>METROPOLITAN MINISTRIES, INC</b> | Employer identification number<br><br><b>59-1477007</b> |
|---|---|

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

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

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization **METROPOLITAN MINISTRIES, INC** Employer identification number **59-1477007**

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

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year .....   |                         |  |
| 2 Aggregate value of contributions to (during year) .....   |                         |  |
| 3 Aggregate value of grants from (during year) .....  |                         |  |
| 4 Aggregate value at end of year .....  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above 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 easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

|                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 491,309.         | 458,486.       | 405,742.           | 415,403.             | 420,555.            |
| b Contributions                                  | 3,000.           | 3,000.         | 3,000.             | 3,000.               | 3,500.              |
| c Net investment earnings, gains, and losses     | 21,378.          | 33,763.        | 52,800.            | -9,951.              | -6,391.             |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        | 4,461.           | 3,940.         | 3,056.             | 2,710.               | 2,261.              |
| g End of year balance                            | 511,226.         | 491,309.       | 458,486.           | 405,742.             | 415,403.            |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  60.44 %
- c Temporarily restricted endowment  39.56 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations \_\_\_\_\_
- (ii) related organizations \_\_\_\_\_

|        | Yes | No |
|--------|-----|----|
| 3a(i)  | X   |    |
| 3a(ii) |     | X  |
| 3b     |     |    |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? \_\_\_\_\_

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      | 1,327,767.                      |                              | 1,327,767.     |
| b Buildings  |                                      | 7,164,837.                      | 5,093,422.                   | 2,071,415.     |
| c Leasehold improvements   |                                      | 16,478.                         | 16,478.                      | 0.             |
| d Equipment  |                                      | 458,332.                        | 253,272.                     | 205,060.       |
| e Other  |                                      | 4,378,032.                      | 3,312,667.                   | 1,065,365.     |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 4,669,607.     |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely-held equity interests .....                                   |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |   |

**Part IX Other Assets.**

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1) SECURITY DEPOSITS   | 18,254.        |
| (2) DUE FROM METROPOLITAN MINISTRIES FOUNDATION, INC.                       | 70,104.        |
| (3) DUE FROM MIRACLEPLACE FOUNDATION, INC                                   | 9,800,240.     |
| (4) DUE FROM MIRACLEPLACE PASCO TAMPA INITIATIVE, INC.                      | 1,288,573.     |
| (5) DUE TO MIRACLEPLACE, INC.   | -1,145,877.    |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 10,031,294.    |

**Part X Other Liabilities.**

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

|          |  |           |           |
|----------|--|-----------|-----------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       |           | <b>1</b>  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |           |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> |           |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> |           |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |           |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  |           | <b>2e</b> |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   |           | <b>3</b>  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |           |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  |           | <b>4c</b> |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) |           | <b>5</b>  |

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

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

|          |   |           |           |
|----------|---|-----------|-----------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      |           | <b>1</b>  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |           |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> |           |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |           |
| <b>c</b> | Other losses  | <b>2c</b> |           |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   |           | <b>2e</b> |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  |           | <b>3</b>  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |           |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   |           | <b>4c</b> |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) |           | <b>5</b>  |

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

TO PROVIDE FOR FUTURE GROWTH IN PROGRAM SERVICES AND OPERATIONS OF METROPOLITAN MINISTRIES, INC.

**PART X, LINE 2:**

METROPOLITAN MINISTRIES, INC. HAVE BEEN GRANTED EXEMPTIONS FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM FLORIDA INCOME TAX UNDER CHAPTER 220 OF THE FLORIDA STATUTES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS. MANAGEMENT IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE THE TAX-EXEMPT STATUS OF THE MINISTRIES.





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

|  |   | (a) Event #1                    | (b) Event #2                         | (c) Other events       | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|--|---|---------------------------------|--------------------------------------|------------------------|--|
|  |   | BRIDGE BUILDERS<br>(event type) | TAMPA BAY FOOD FIGHT<br>(event type) | NONE<br>(total number) |  |
| Revenue  | <b>1</b> Gross receipts .....   | 696,279.                        | 238,304.                             |                        | 934,583.   |
|  | <b>2</b> Less: Contributions .....  | 696,279.                        | 238,304.                             |                        | 934,583.   |
|  | <b>3</b> Gross income (line 1 minus line 2) .....                           |                                 |                                      |                        |  |
| Direct Expenses  | <b>4</b> Cash prizes .....  |                                 |                                      |                        |  |
|  | <b>5</b> Noncash prizes .....   |                                 |                                      |                        |  |
|  | <b>6</b> Rent/facility costs .....  | 26,040.                         | 7,850.                               |                        | 33,890.  |
|  | <b>7</b> Food and beverages .....   | 14,228.                         | 2,655.                               |                        | 16,883.  |
|  | <b>8</b> Entertainment .....  | 37,202.                         | 62,067.                              |                        | 99,269.  |
|  | <b>9</b> Other direct expenses .....  | 42,678.                         | 78,324.                              |                        | 121,002.   |
|  | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) ..... |                                 |                                      |                        | 271,044.   |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) ..... |   |                                 |                                      | -271,044.              |  |

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_



**Part IV** Supplemental Information *(continued)*

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**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization: **METROPOLITAN MINISTRIES, INC**  
 Employer identification number: **59-1477007**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

|           | Yes | No       |
|-----------|-----|----------|
| <b>1b</b> |     |          |
| <b>2</b>  |     |          |
| <b>4a</b> |     | <b>X</b> |
| <b>4b</b> |     | <b>X</b> |
| <b>4c</b> |     | <b>X</b> |
| <b>5a</b> |     | <b>X</b> |
| <b>5b</b> |     | <b>X</b> |
| <b>6a</b> |     | <b>X</b> |
| <b>6b</b> |     | <b>X</b> |
| <b>7</b>  |     | <b>X</b> |
| <b>8</b>  |     | <b>X</b> |
| <b>9</b>  |     |          |

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Schedule J (Form 990) 2018

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

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

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

| (A) Name and Title                 |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|------------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                                    |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) TIM MARKS<br>PRESIDENT AND CEO | (i)  | 181,421.   | 0.                                  | 0.                                  | 8,077.   | 5,436.                  | 194,934.                        | 0.  |
|                                    | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|                                    | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                    | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                    | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                    | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                    | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                    | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                    | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                    | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                    | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                    | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                    | (ii) |  |                                     |                                     |  |                         |                                 |   |

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**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 I, LINE 3:

CEO COMPENSATION IS SET BY THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS. THE CEO BASE COMPENSATION WAS INCREASED EFFECTIVE JULY 1, 2017. MOVING FORWARD THE BASE COMPENSATION WILL REMAIN UNCHANGED AND THE BOARD APPROVED 3% ESCALATION IN COMPENSATION HAS BEEN DESIGNATED AS A NON-CASH DONATION BACK TO THE ORGANIZATION BY THE EXPRESS ELECTION OF TIM MARKS.

Public Disclosure Copy

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **METROPOLITAN MINISTRIES, INC** Employer identification number **59-1477007**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art   |                            |   |  |   |
| 2 Art - Historical treasures                                 |                            |   |  |   |
| 3 Art - Fractional interests                                 |                            |   |  |   |
| 4 Books and publications                                     |                            |   |  |   |
| 5 Clothing and household goods                               | X                          |   | 1,844,886.   | RESEARCH ON FMV   |
| 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                          | 4,191   | 1,938,463.   | RESEARCH ON FMV   |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ▶ ( TOYS )  | X                          | 1,964   | 1,285,682.   | RESEARCH ON FMV   |
| 26 Other ▶ ( SCHOOL SUPPLI )                                 | X                          | 459   | 438,010.   | RESEARCH ON FMV   |
| 27 Other ▶ ( GIFT CARDS )                                    | X                          | 221   | 50,922.  | RESEARCH ON FMV   |
| 28 Other ▶ ( )   |                            |   |  |   |

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

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

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

Schedule M (Form 990) 2018

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

SCHEDULE M, LINE 32B:

SUNSHINE THRIFT SOLICITS NON-CASH DONATIONS ON BEHALF OF METROPOLITAN MINISTRIES, INC. WHICH ARE PROCESSED, SOLD AND THE PROCEEDS OF WHICH ARE REMITTED TO METROPOLITAN MINISTRIES, INC. SUNSHINE THRIFT STORE ALSO PURCHASES ITEMS DONATED AT THE ON SITE THRIFT STORE THAT ARE NOT SALABLE AT THAT LOCATION.

Public Disclosure Copy

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

METROPOLITAN MINISTRIES, INC

Employer identification number

59-1477007

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

METROPOLITAN MINISTRIES (REGISTERED TRADEMARK OF METROPOLITAN  
MINISTRIES, INC.) PROVIDES ANSWERS FOR POOR AND HOMELESS FAMILIES,  
FAITHFULLY. THIS HAS BEEN THE CORNERSTONE OF THE MINISTRIES' APPROACH  
SINCE ITS FOUNDING. OVER THE PAST 46 YEARS, AS THE NUMBER OF HOMELESS  
FAMILIES AND HUNGRY PEOPLE HAS INCREASED, THE MINISTRIES HAS REMAINED  
COMMITTED TO REACHING OUT AND PROVIDING SERVICES THAT HELP PREVENT  
HOMELESSNESS, EASE HUNGER AND OFFERING HOMELESS PEOPLE LIFE-CHANGING  
SOLUTIONS LEADING TO SELF-SUFFICIENCY.

COMMUNITY ENGAGEMENT INCLUDED THE SUPPORT OF OVER 28,000 VOLUNTEERS WHO  
DONATED 211,983 HOURS TO HELP US LOWER STAFF AND ADMINISTRATIVE COSTS.  
MANY COMMUNITY PARTNERS HAVE COME TOGETHER TO HELP US CARE FOR MORE  
FAMILIES THAN EVER BEFORE. THE NUMBER OF FAMILIES WE WERE ABLE TO HOUSE  
AND CASE MANAGE BOTH ON AND OFF OUR CAMPUS GREW WITH THIS COLLABORATIVE  
SUPPORT.

TOTAL EXPENSES ASSOCIATED WITH THE MINISTRIES' PROGRAM SERVICES WERE  
\$24,529,695 PER OUR AUDITED ANNUAL REPORT, WHICH REPRESENTS 86.6% OF  
TOTAL EXPENSES. THIS INCLUDES \$5,547,121 OF IN-KIND FOOD AND MATERIAL  
DONATIONS OVER AND ABOVE THE FINANCIAL DONATIONS TO HELP US MEET THE  
NEEDS THROUGHOUT THE TAMPA BAY REGION. IN ADDITION THE MINISTRIES  
RECEIVED \$1,219,655 OF INKIND SERVICES AND SIGNIFICANT CONTRIBUTIONS OF  
VOLUNTEER TIME VALUED AT APPROXIMATELY \$5,096,071, WHICH ARE NOT  
RECOGNIZED BY THE IRS AS PROGRAM SERVICES.

Name of the organization

METROPOLITAN MINISTRIES, INC

Employer identification number

59-1477007

## OUTREACH AND PREVENTION SERVICES:

FOR FAMILIES AND INDIVIDUALS WHO LIVE IN THEIR OWN HOME, BUT ARE AT RISK OF BECOMING HOMELESS, THE MINISTRIES PROVIDES VARIOUS SERVICES. THESE SERVICES INCLUDE MEALS AND CLOTHING, HOLIDAY FOOD, TOYS AND SPIRITUAL ASSISTANCE TO OVER 48,300 FAMILIES IN NEED, UTILITY AND RENT ASSISTANCE, EMPLOYMENT LAB, AND REFERRALS TO HOUSING AND OTHER AGENCIES TO MEET THEIR ADDITIONAL NEEDS. THESE PREVENTION SERVICES HAVE RESULTED IN AN 91% SUCCESS RATE TO KEEP AT RISK FAMILIES FROM BECOMING HOMELESS IN THE NEXT 12 MONTHS AND ARE OFFERED IN A MANNER THAT RESPECTS EVERY INDIVIDUAL'S GOD-GIVEN DIGNITY AND WORTH.

## RESIDENTIAL AND OFFSITE PROGRAMS:

-FAMILIES STAY FOR AS LITTLE AS A FEW WEEKS OR MORE THAN A YEAR, DEPENDING ON THE NEEDS OF THE INDIVIDUAL OR FAMILY. THROUGH ON-CAMPUS HOUSING WITH VARIABLE LENGTH STAYS, 445 FAMILIES WERE SERVED DURING THE YEAR ENDED JUNE 30, 2019.

- UPLIFT HALL PROVIDES TRANSITIONAL HOUSING AND LIFE SKILLS PROGRAMS FOR FAMILIES AND SINGLE WOMEN WHO NEED MORE INTENSIVE LONG-TERM SERVICES.

- HOPE HALL PROVIDES EMERGENCY SHORT-TERM HOUSING AND LIFE SKILLS PROGRAMS TO FAMILIES AND SINGLE WOMEN WHO FACE HOMELESSNESS DUE TO UNEMPLOYMENT AND NEED HELP TO GET BACK ON THEIR FEET.

- IN OCTOBER 2017, THE MINISTRIES COMPLETED CONSTRUCTION OF 24 FAMILY LIVING UNITS AT ITS PASCO COUNTY CAMPUS IN HOLIDAY, FLORIDA. THE MINISTRIES NOW SERVES HOMELESS FAMILIES WITH ON-CAMPUS HOUSING, AS WELL AS PROVIDING HOT MEALS, COUNSELING SERVICES AND EDUCATION TO RESIDENT

Name of the organization

METROPOLITAN MINISTRIES, INC

Employer identification number

59-1477007

## FAMILIES.

- OFFSITE PROGRAMS: OVER 240 FAMILIES ARE SERVED ANNUALLY OFFSITE

THROUGH THE FIRST HUG PROGRAM, FUNDED BY THE CHILDREN'S BOARD OF

HILLSBOROUGH COUNTY, OFFERING HOMEBASED CASE MANAGEMENT SERVICES.

ADDITIONALLY, 76 FAMILIES WERE ASSISTED THROUGH OTHER RENT SUBSIDY CASE

MANAGEMENT PROGRAMS DURING THE YEAR ENDED JUNE 30, 2019.

- HEALTH AND WELLNESS: THE MINISTRIES PROVIDES NUTRITIOUS HEALTHY

WELL-BALANCED MEALS AND SNACKS EACH DAY FOR ALL RESIDENTS AND HEAD

START CHILDREN. THE MINISTRIES ALSO PROVIDES HEALTH AND WELLNESS

RESOURCES AND INCREASED ACCESS TO MEDICAL CARE TO RESIDENT HOMELESS

FAMILIES AND SINGLE WOMEN. THE PROGRAM UTILIZES A COMPREHENSIVE HEALTH

ASSESSMENT TO DETERMINE RESIDENTS' HEALTH AND WELLNESS NEEDS. THE NEW

GYM IS UTILIZED TO PROVIDE PHYSICAL FITNESS ACTIVITIES FOR ALL AGES.

ACCESS TO MEDICAL CARE IS PROVIDED ON SITE THROUGH PARTNERSHIPS WITH A

MEDICAL PROVIDER AND MOBILE CLINIC SERVICES.

- COUNSELING AND CASE MANAGEMENT: THESE SERVICES ARE CENTRAL TO ALL

PROGRAMS AND INCLUDE EMERGENCY CRISIS INTERVENTION, COMPREHENSIVE

ASSESSMENTS, CASE MANAGEMENT AND FAMILY COUNSELING, AND AN

INDIVIDUALIZED, ACHIEVABLE SELF-SUFFICIENCY PLAN. ADDITIONALLY, ANGER

MANAGEMENT AND LIFE-SKILLS BUILDING ARE INCLUDED IN THE COUNSELING

COMPONENTS.

- RECOVERY AND SOBRIETY: THE MINISTRIES OFFERS A FULL-RANGE OF

RECOVERY SERVICES FOR ALL UPLIFT U PARTICIPANTS THAT STRUGGLE WITH

ADDICTION ISSUES. SERVICES INCLUDE ONSITE ADDICTION ASSESSMENT AND

CLASSES AND RECOVERY COUNSELORS ALONG WITH REFERRALS TO OTHER COMMUNITY

RECOVERY PROGRAMS. ADDITIONAL SERVICES INCLUDE FAMILY INTERVENTION,

CO-DEPENDENCY AND PREVENTION CLASSES FOR FAMILY MEMBERS, AND

CONNECTIONS TO ADDICT AND FAMILY SUPPORT SERVICES (ALCOHOLICS

|  |  |
|--|--|
| Name of the organization<br>METROPOLITAN MINISTRIES, INC | Employer identification number<br>59-1477007 |
|--|--|

ANONYMOUS, NARCOTICS ANONYMOUS, ALANON AND ALATEEN).

- COMMUNITY LIVING AND PASTORAL CARE: SERVICES INCLUDE PASTORAL CARE, COUNSELING, WORSHIP SERVICES, BIBLE STUDIES AND SPIRITUAL DEVELOPMENT THAT PREPARES RESIDENTS FOR SELF-GOVERNANCE, ADVOCACY, AND PERSONAL RESPONSIBILITY WHEN THEY LEAVE THE MINISTRIES. SINCE MAY 2015 THESE SERVICES HAVE BEEN AVAILABLE IN THE MINISTRIES NEWLY-CONSTRUCTED NONDENOMINATIONAL CHAPEL OF HOPE LOCATED AT THE CENTER OF THE TAMPA CAMPUS, TO HELP RESIDENTS FOCUS ON THEIR SPIRITUAL GROWTH AND DEVELOPMENT.

CHILDHOOD AND ADULT EDUCATION:

- THE MINISTRIES ADDITIONALLY PROVIDES BEFORE AND AFTER SCHOOL CARE, SUMMER PROGRAMS, AND AN ONSITE TEEN PROGRAM TO SERVE THE CHILDREN OF ITS RESIDENTS. SINCE MAY 2015 THESE SERVICES WERE OFFERED IN THE NEWLY-CONSTRUCTED YOUTH ENRICHMENT CENTER AND GYM. THESE COMBINED PROGRAMS SERVED 247 CHILDREN AND TEENS FOR THE YEAR ENDED JUNE 30, 2019.

- ADULT EDUCATION THROUGH COLLABORATIVE COMMUNITY PARTNERSHIPS, ADULT RESIDENTS PARTICIPATE IN COMPREHENSIVE ADULT LITERACY, GED, ENGLISH AS A SECOND LANGUAGE, CULINARY TRAINING, AND OTHER EDUCATION CLASSES THAT PROVIDES THEM WITH THE SKILLS AND TRAINING THEY NEED TO BE SELF-SUFFICIENT.

- EMPLOYMENT SERVICES THE MINISTRIES OFFERS A CONTINUUM OF EMPLOYMENT SERVICES, FROM JOB READINESS TO JOB PLACEMENT AND LONG-TERM TRAINING. JOB READINESS PREPARATION IS A KEY ELEMENT INCLUDING ASSESSMENT, COUNSELING, LEARNING AND DEMONSTRATING "SOFT SKILLS" SUCH AS PUNCTUALITY, ON-TASK BEHAVIOR AND TIME MANAGEMENT. FOR RESIDENTS WHO

Name of the organization

METROPOLITAN MINISTRIES, INC

Employer identification number

59-1477007

HAVE COMPLETED THE READINESS PREPARATION OR ALREADY HAVE THE SKILLS AND EXPERIENCE TO MOVE FORWARD, THE MINISTRIES ASSISTS THEM IN ACCESSING JOB PLACEMENT SERVICES AND LONG-TERM TRAINING PROGRAMS IN THE COMMUNITY.

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

THE COMPLETED FORM 990 IS EMAILED TO EACH BOARD MEMBER INDIVIDUALLY AND REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS MUST ACCEPT AND APPROVE THE COMPLETED FORM 990.

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

THE ORGANIZATION ENFORCES THE CONFLICT OF INTEREST POLICY BY HAVING EACH BOARD MEMBER SIGN AN ACKNOWLEDGEMENT AND DISCLOSURE FORM EACH YEAR IN WHICH THEY ARE ACKNOWLEDGING THE POLICY AND DISCLOSING ANY POTENTIAL CONFLICTS. THE ORGANIZATION'S PRESIDENT AND CFO SIGN A DISCLOSURE FORM EACH YEAR IDENTIFYING ANY POTENTIAL CONFLICTS, SUCH AS TRANSACTIONS WITH BOARD MEMBERS OR THEIR AFFILIATES, KNOWN TO THEM.

ANY KNOWN OR REASONABLY FORESEEABLE ACTUAL OR POTENTIAL CONFLICT OF INTEREST SHALL BE DISCLOSED TO THE BOARD OF DIRECTORS, OR ITS COMMITTEE DESIGNEE, BY THE INTERESTED PERSON WHOSE INTERESTS ARE, OR MAY APPEAR TO BE, IN CONFLICT WITH THE ORGANIZATION.

WHEN ANY SUCH CONFLICT OF INTEREST IS RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD OF DIRECTORS OR ANY COMMITTEE OF THE BOARD, THE INTERESTED PERSON SHALL DISCLOSE SUCH CONFLICT TO THE BOARD OF DIRECTORS OR SUCH COMMITTEE, AND SUCH INTERESTED PERSON SHALL NOT VOTE ON THE MATTER.

FURTHER, THE INTERESTED PERSON SHALL RETIRE FROM THE ROOM IN WHICH THE

|  |  |
|--|--|
| Name of the organization<br>METROPOLITAN MINISTRIES, INC | Employer identification number<br>59-1477007 |
|--|--|

BOARD OR THE COMMITTEE IS MEETING AND SHALL NOT PARTICIPATE IN ANY DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. HOWEVER, THAT INTERESTED PERSON SHALL PROVIDE THE BOARD OR COMMITTEE, UPON REQUEST, WITH ALL INFORMATION RELEVANT TO THE MATTER UNDER CONSIDERATION. THE MINUTES OF THE MEETING OF THE BOARD OR COMMITTEE SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THAT THE INTERESTED PERSON WAS NOT PRESENT DURING ANY DISCUSSION OF THE MATTER AND DID NOT VOTE ON THE MATTER. WHEN THERE IS DOUBT AS TO WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER SHALL BE RESOLVED BY A VOTE OF THE BOARD OF DIRECTORS OR THE COMMITTEE, AS THE CASE MAY BE, EXCLUDING THE INTERESTED PERSON CONCERNING WHOM THE MATTER HAS ARISEN.

FORM 990, PART VI, SECTION B, LINE 15:  
COMPENSATION FOR THE PRESIDENT AND CEO WAS REVIEWED BY A COMMITTEE OF INDEPENDENT BOARD MEMBERS AND COMPARED TO RELEVANT COMPETITIVE SALARY DATA. COMPENSATION COMMITTEE THEN DETERMINED COMPENSATION LEVEL.

FORM 990, PART VI, SECTION C, LINE 19:  
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:  
THE PROCESS FOR OVERSIGHT OF THE AUDIT HAS NOT CHANGED FROM THE PRIOR YEAR.

|   |   |
|---|---|
| Name of the organization<br><b>METROPOLITAN MINISTRIES, INC</b> | Employer identification number<br><b>59-1477007</b> |
|---|---|

FORM 990, PART I, LINE 5:

THIS NUMBER OF 397 REFERS TO THE NUMBER OF W-2'S ISSUED FOR THE  
CORRESPONDING YEAR. METROPOLITAN MINISTRIES FULL AND PART TIME ACTIVE  
HEADCOUNT WAS 253 FOR THE YEAR ENDED JUNE 30, 2019.

Public Disclosure Copy

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **METROPOLITAN MINISTRIES, INC** Employer identification number **59-1477007**

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

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity                          | (b)<br>Primary activity  | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|---|--|---|---------------------|---------------------------|-------------------------------------|
| METROPOLITAN MINISTRIES DEVELOPER, LLC -<br>83-1072293, 2002 N. FLORIDA AVE, TAMPA, FL<br>33602 | TO PARTICIPATE IN THE<br>DEVELOPMENT OF AN<br>AFFORDABLE HOUSING | FLORIDA   | 0.                  | 0.                        | METROPOLITAN<br>MINISTRIES, INC.    |
|   |  |   |                     |                           |                                     |
|   |  |   |                     |                           |                                     |
|   |  |   |                     |                           |                                     |
|   |  |   |                     |                           |                                     |
|   |  |   |                     |                           |                                     |
|   |  |   |                     |                           |                                     |
|   |  |   |                     |                           |                                     |
|   |  |   |                     |                           |                                     |
|   |  |   |                     |                           |                                     |

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

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity  | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|---|--|---|-------------------------------|---|-------------------------------------|--|----|
|   |  |   |                               |   |                                     | Yes  | No |
| MIRACLEPLACE FOUNDATION, INC. - 46-1183082<br>2002 N. FLORIDA AVE<br>TAMPA, FL 33602              | HOLD CERTAIN ASSETS AND<br>NEW MARKETS TAX CREDITS<br>INVESTMENTS. | FLORIDA   | 501(C)(3)                     | LINE 12B, II  |                                     | X  |    |
| MIRACLEPLACE, INC. - 46-1194921<br>2002 N. FLORIDA AVE<br>TAMPA, FL 33602                         | HOLD TITLE TO FIXED ASSETS<br>AND NEW MARKETS TAX<br>CREDITS DEBT  | FLORIDA   | 501(C)(3)                     | LINE 12A, I   |                                     | X  |    |
| METROPOLITAN MINISTRIES FOUNDATION, INC. -<br>20-3535998, 2002 N. FLORIDA AVE, TAMPA, FL<br>33602 | PROVIDE FINANCIAL SUPPORT<br>TO METROPOLITAN<br>MINISTRIES, INC.   | FLORIDA   | 501(C)(3)                     | LINE 12A, I   |                                     | X  |    |
| MIRACLEPLACE PASCO TAMPA INITIATIVE, INC -<br>46-5676552, 2002 N. FLORIDA AVE, TAMPA, FL<br>33602 | HOLD TITLE TO FIXED ASSETS<br>AND NEW MARKETS TAX<br>CREDITS DEBT  | FLORIDA   | 501(C)(3)                     | LINE 12A, I   |                                     | X  |    |

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2018

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

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |                         |  |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |

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

| (a)<br>Name, address, and EIN<br>of related organization                                       | (b)<br>Primary activity  | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|--|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |  |   |                                     |  |                                 |  |                                | Yes   | No |
| METROPOLITAN MINISTRIES BROADWAY, LLC -<br>83-1059101, 2002 N. FLORIDA AVE, TAMPA, FL<br>33602 | TO PARTICIPATE IN THE<br>DEVELOPMENT OF AN<br>AFFORDABLE HOUSING | FL  | METROPOLITAN<br>MINISTRIES,<br>INC. | C CORP   | 0.                              | 0.                                       | 100%                           | X   |    |
|  |  |   |                                     |  |                                 |  |                                |   |    |
|  |  |   |                                     |  |                                 |  |                                |   |    |
|  |  |   |                                     |  |                                 |  |                                |   |    |
|  |  |   |                                     |  |                                 |  |                                |   |    |
|  |  |   |                                     |  |                                 |  |                                |   |    |
|  |  |   |                                     |  |                                 |  |                                |   |    |
|  |  |   |                                     |  |                                 |  |                                |   |    |
|  |  |   |                                     |  |                                 |  |                                |   |    |
|  |  |   |                                     |  |                                 |  |                                |   |    |
|  |  |   |                                     |  |                                 |  |                                |   |    |
|  |  |   |                                     |  |                                 |  |                                |   |    |
|  |  |   |                                     |  |                                 |  |                                |   |    |
|  |  |   |                                     |  |                                 |  |                                |   |    |
|  |  |   |                                     |  |                                 |  |                                |   |    |
|  |  |   |                                     |  |                                 |  |                                |   |    |
|  |  |   |                                     |  |                                 |  |                                |   |    |
|  |  |   |                                     |  |                                 |  |                                |   |    |
|  |  |   |                                     |  |                                 |  |                                |   |    |
|  |  |   |                                     |  |                                 |  |                                |   |    |
|  |  |   |                                     |  |                                 |  |                                |   |    |

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes | No |
|--|-----|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |     |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....   |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....   |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....   |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....  |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....   |     | X  |
| <b>f</b> Dividends from related organization(s) .....  |     | X  |
| <b>g</b> Sale of assets to related organization(s) .....   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....  |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....  | X   |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....  |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....   | X   |    |
| <b>o</b> Sharing of paid employees with related organization(s) .....  | X   |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....  |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....  | X   |    |
| <b>r</b> Other transfer of cash or property to related organization(s) .....   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) .....   | X   |    |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization     | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) MIRACLEPLACE PASCO TAMPA INITIATIVE | K                             | 128,000.               | CASH PAID                                    |
| (2) MIRACLEPLACE INC                    | K                             | 399,717.               | CASH PAID                                    |
| (3) MIRACLEPLACE INC                    | Q                             | 102,714.               | CASH RECEIVED                                |
| (4) METROPOLITAN MINISTRIES FOUNDATION  | S                             | 92,500.                | CASH RECEIVED                                |
| (5)                                     |                               |                        |  |
| (6)                                     |                               |                        |  |



**Part VII Supplemental Information.**

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

**PART I, IDENTIFICATION OF DISREGARDED ENTITIES:**

**NAME, ADDRESS, AND EIN OF DISREGARDED ENTITY:**

METROPOLITAN MINISTRIES DEVELOPER, LLC

EIN: 83-1072293

2002 N. FLORIDA AVE

TAMPA, FL 33602

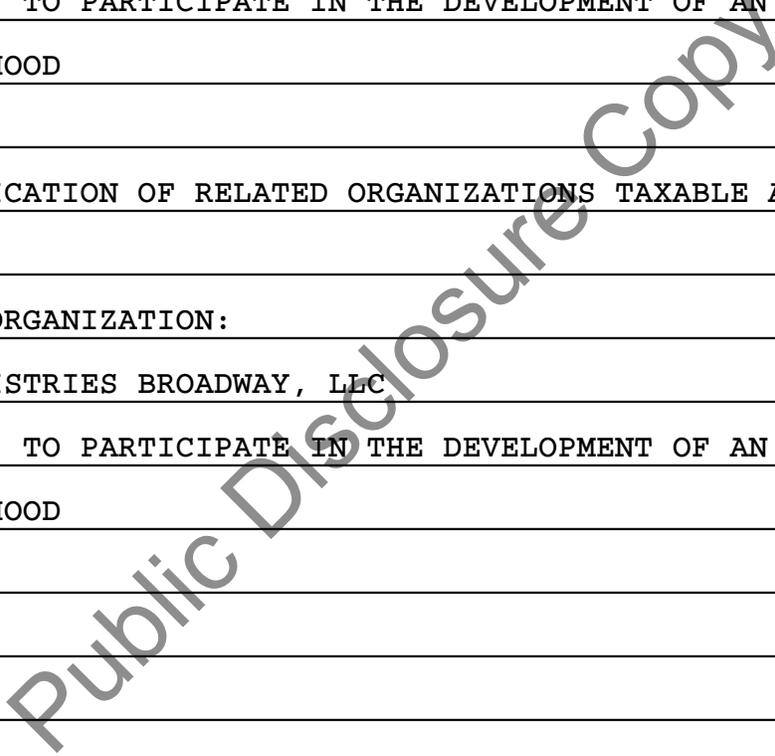
PRIMARY ACTIVITY: TO PARTICIPATE IN THE DEVELOPMENT OF AN AFFORDABLE HOUSING NEIGHBORHOOD

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

**NAME OF RELATED ORGANIZATION:**

METROPOLITAN MINISTRIES BROADWAY, LLC

PRIMARY ACTIVITY: TO PARTICIPATE IN THE DEVELOPMENT OF AN AFFORDABLE HOUSING NEIGHBORHOOD



# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  | Enter filer's identifying number   |  |
|--|--|--|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>METROPOLITAN MINISTRIES, INC</b>               | Employer identification number (EIN) or<br><b>59-1477007</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>2002 NORTH FLORIDA AVENUE</b>         | Social security number (SSN)                                 |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>TAMPA, FL 33602</b> |  |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**AMY KERN**

- The books are in the care of ▶ **2002 N. FLORIDA AVENUE - TAMPA, FL 33602**  
Telephone No. ▶ **813-209-1000** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Metropolitan Ministries, Inc.  
Annual Budget  
FY 20-21

| <b>Revenue:</b>                                  | FY 19-20      |
|--|---------------|
| Contributions                                    | \$ 10,739,828 |
| Foundations                                      | 1,327,510     |
| Grants & Childcare Vouchers                      | 6,157,757     |
| In-Kind Contributions                            | 7,000,000     |
| Thrift Store Sales                               | 552,000       |
| Miscellaneous Revenue (incl. meal site partners) | 558,580       |
| Special Events                                   | 630,000       |
| Rental Income                                    | 231,300       |
| Catering (gross, NOT net)                        | 772,000       |
| Operating Reserve                                | 4,286,002     |
|  | <hr/>         |
|  | \$ 32,254,976 |
| <br>   |               |
| <b>Expenses:</b>                                 |               |
| Program Services                                 | 14,004,944    |
| Ministries Resources & Communication             | 3,082,586     |
| Facilities Maintenance & Operation               | 2,545,938     |
| Governance & Executive Management                | 590,902       |
| Finance & Administration                         | 3,245,422     |
| Enterprise Expenses                              | 1,264,184     |
| Contingency                                      | 5,000         |
| Depreciation                                     | 516,000       |
| In-Kind Expenses                                 | 7,000,000     |
|  | <hr/>         |
|  | \$ 32,254,976 |

CONSOLIDATED FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT  
METROPOLITAN MINISTRIES, INC. AND AFFILIATES

JUNE 30, 2020

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## INDEPENDENT AUDITORS' REPORT

The Board of Directors  
Metropolitan Ministries, Inc. and Affiliates

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

We have audited the accompanying consolidated financial statements of Metropolitan Ministries, Inc. and Affiliates (a nonprofit organization) (collectively, the Ministries), which comprise the consolidated statement of financial position as of June 30, 2020, and the related consolidated statements of activities and changes in net assets, cash flows, and functional expenses for the year then ended, and the related notes to the consolidated financial statements.

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

Management is responsible for the preparation and fair presentation of these consolidated 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 consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditors' Responsibility***

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit 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 consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated 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 consolidated 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 consolidated 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 consolidated financial statements referred to above present fairly, in all material respects, the financial position of Metropolitan Ministries, Inc. and Affiliates as of June 30, 2020, and the changes in their net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### ***Report on Summarized Comparative Information***

We have previously audited the Ministries' 2019 financial statements, and our report dated September 19, 2019, expressed an unmodified opinion on those audited financial statements. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2019, is consistent, in all material respects, with the audited financial statements from which it has been derived.

### ***Other Matters***

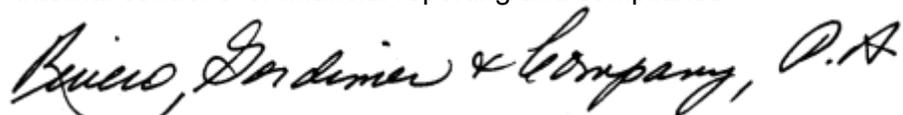
#### *Other Information*

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying consolidating statement of financial position and consolidating statement of activities and changes in net assets are presented for additional analysis and are not a required part of the consolidated financial statements. The schedule of expenditures of federal awards and state financial assistance, as required by Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; and Chapter 10.650, *Rules of the Auditor General* is presented for purposes of additional analysis and is not a required part of the consolidated 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 consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated 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 consolidated 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 October 15, 2020, on our consideration of the Ministries' internal control over financial reporting and on our test of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is 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 internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering the Ministries' internal control over financial reporting and compliance.

Tampa, Florida  
October 15, 2020



Metropolitan Ministries, Inc. and Affiliates

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

June 30, 2020  
(With comparative total as of June 30, 2019)

|  | Without Donor<br>Restrictions | With Donor<br>Restrictions | Total                |                      |
|--|-------------------------------|----------------------------|----------------------|----------------------|
|  |                               |                            | 2020                 | 2019                 |
| <b>ASSETS</b>                                |                               |                            |                      |                      |
| <b>CURRENT ASSETS</b>                        |                               |                            |                      |                      |
| Cash   | \$ 9,220,125                  | \$ -                       | \$ 9,220,125         | \$ 2,950,912         |
| Investments                                  | 14,985                        | -                          | 14,985               | -                    |
| Grants and other receivables                 | 1,730,356                     | -                          | 1,730,356            | 815,350              |
| Pledges receivable, current portion          | -                             | 262,950                    | 262,950              | 292,043              |
| Prepaid and other assets                     | 386,151                       | -                          | 386,151              | 374,447              |
| Total current assets                         | <u>11,351,617</u>             | <u>262,950</u>             | <u>11,614,567</u>    | <u>4,432,752</u>     |
| <b>OTHER ASSETS</b>                          |                               |                            |                      |                      |
| Cash - for long-term purposes                | 82,953                        | 572,154                    | 655,107              | 662,048              |
| Beneficial interest in assets held by others | -                             | 515,254                    | 515,254              | 511,226              |
| Pledges receivable, net                      | -                             | -                          | -                    | 123,365              |
| Notes receivable, new markets tax credits    | 11,139,300                    | -                          | 11,139,300           | 23,964,900           |
| Total other assets                           | <u>11,222,253</u>             | <u>1,087,408</u>           | <u>12,309,661</u>    | <u>25,261,539</u>    |
| LAND, BUILDINGS AND EQUIPMENT, NET           | <u>30,922,534</u>             | <u>-</u>                   | <u>30,922,534</u>    | <u>32,038,945</u>    |
| <b>TOTAL ASSETS</b>                          | <u>\$ 53,496,404</u>          | <u>\$ 1,350,358</u>        | <u>\$ 54,846,762</u> | <u>\$ 61,733,236</u> |
| <b>LIABILITIES AND NET ASSETS</b>            |                               |                            |                      |                      |
| <b>CURRENT LIABILITIES</b>                   |                               |                            |                      |                      |
| Accounts payable trade                       | \$ 608,382                    | \$ -                       | \$ 608,382           | \$ 732,631           |
| Accrued expenses                             | 960,813                       | -                          | 960,813              | 888,272              |
| Deferred revenue                             | 538,209                       | -                          | 538,209              | 295,491              |
| Notes payable, current portion               | -                             | -                          | -                    | -                    |
| Line of credit                               | -                             | -                          | -                    | -                    |
| Total current liabilities                    | <u>2,107,404</u>              | <u>-</u>                   | <u>2,107,404</u>     | <u>1,916,394</u>     |
| NOTES PAYABLE, net of current portion        |                               |                            |                      |                      |
| Note payable - in cash                       | 347,600                       | -                          | 347,600              | 347,600              |
| Note payable - PPP                           | 2,421,255                     | -                          | 2,421,255            | -                    |
| Forgivable notes from grants                 | 1,932,727                     | -                          | 1,932,727            | 2,032,727            |
| New markets tax credit notes                 | 15,429,079                    | -                          | 15,429,079           | 33,698,619           |
| <b>TOTAL LIABILITIES</b>                     | <u>22,238,065</u>             | <u>-</u>                   | <u>22,238,065</u>    | <u>37,995,340</u>    |
| <b>NET ASSETS</b>                            | <u>31,258,339</u>             | <u>1,350,358</u>           | <u>32,608,697</u>    | <u>23,737,896</u>    |
| <b>TOTAL LIABILITIES AND NET ASSETS</b>      | <u>\$ 53,496,404</u>          | <u>\$ 1,350,358</u>        | <u>\$ 54,846,762</u> | <u>\$ 61,733,236</u> |

The accompanying notes are an integral part of this consolidated statement.

Metropolitan Ministries, Inc. and Affiliates

CONSOLIDATED STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

For the year ended June 30, 2020  
(With comparative total as of June 30, 2019)

|  | Without Donor<br>Restrictions | With Donor<br>Restrictions | Total                |                      |
|--|-------------------------------|----------------------------|----------------------|----------------------|
|  |                               |                            | 2020                 | 2019                 |
| Public support   |                               |                            |                      |                      |
| Contributions  | \$ 17,925,019                 | \$ 258,306                 | \$ 18,183,325        | \$ 11,889,728        |
| Non-cash contributions   | 6,916,361                     | -                          | 6,916,361            | 5,547,121            |
| In-kind services   | 1,809,444                     | -                          | 1,809,444            | 1,219,655            |
| Special events, net of direct expenses of \$271,045                            | 543,854                       | -                          | 543,854              | 663,538              |
| Government grants  | 5,220,952                     | -                          | 5,220,952            | 4,242,244            |
| Private grants   | 2,931,154                     | -                          | 2,931,154            | 1,671,835            |
| Total public support   | <u>35,346,784</u>             | <u>258,306</u>             | <u>35,605,090</u>    | <u>25,234,121</u>    |
| Revenue  |                               |                            |                      |                      |
| Program service revenue  | 1,171,354                     | -                          | 1,171,354            | 823,045              |
| Thrift store sales   | 488,668                       | -                          | 488,668              | 527,567              |
| Café and catering revenue  | 742,820                       | -                          | 742,820              | 1,931,397            |
| Other income   | 286,178                       | 1,028                      | 287,206              | 329,692              |
| Interest income  | 198,432                       | -                          | 198,432              | 280,017              |
| Total revenue  | <u>2,887,452</u>              | <u>1,028</u>               | <u>2,888,480</u>     | <u>3,891,718</u>     |
| NET ASSETS RELEASED FROM RESTRICTION   | <u>183,478</u>                | <u>(183,478)</u>           | <u>-</u>             | <u>-</u>             |
| Total public support and revenue   | <u>38,417,714</u>             | <u>75,856</u>              | <u>38,493,570</u>    | <u>29,125,839</u>    |
| EXPENSES   |                               |                            |                      |                      |
| Program services   | 29,232,122                    | -                          | 29,232,122           | 24,529,695           |
| Development and community support  | 1,891,032                     | -                          | 1,891,032            | 2,286,440            |
| Management and general   | 1,899,679                     | -                          | 1,899,679            | 1,651,021            |
| Total expenses before depreciation, amortization, interest and NMTC gain       | <u>33,022,833</u>             | <u>-</u>                   | <u>33,022,833</u>    | <u>28,467,156</u>    |
| Change in net assets before depreciation, amortization, interest and NMTC gain | <u>5,394,881</u>              | <u>75,856</u>              | <u>5,470,737</u>     | <u>658,683</u>       |
| Depreciation   | 1,722,767                     | -                          | 1,722,767            | 1,766,363            |
| Amortization and interest  | 483,146                       | -                          | 483,146              | 472,536              |
| Total depreciation, amortization, and interest                                 | <u>2,205,913</u>              | <u>-</u>                   | <u>2,205,913</u>     | <u>2,238,899</u>     |
| Net gain from NMTC   | <u>5,605,977</u>              | <u>-</u>                   | <u>5,605,977</u>     | <u>-</u>             |
| CHANGE IN NET ASSETS   | 8,794,945                     | 75,856                     | 8,870,801            | (1,580,216)          |
| Net assets at beginning of year  | <u>22,463,394</u>             | <u>1,274,502</u>           | <u>23,737,896</u>    | <u>25,318,112</u>    |
| Net assets at end of year  | <u>\$ 31,258,339</u>          | <u>\$ 1,350,358</u>        | <u>\$ 32,608,697</u> | <u>\$ 23,737,896</u> |

The accompanying notes are an integral part of this consolidated statement.

Metropolitan Ministries, Inc. and Affiliates  
CONSOLIDATED STATEMENT OF CASH FLOWS

For the year ended June 30, 2020

|  |                     |
|--|---------------------|
| Cash flows from operating activities   |                     |
| Change in net assets   | \$ 8,870,801        |
| Adjustments to reconcile change in net assets to net cash provided by operating activities |                     |
| Depreciation   | 1,722,767           |
| Amortization of debt issuance costs  | 162,037             |
| Gain on debt forgiveness   | (200,000)           |
| Investment loss  | 3,280               |
| Net gain on New Market Tax Credit transaction  | (5,605,977)         |
| Increase in grants and other receivables   | (915,006)           |
| Increase in pledges receivable, net  | (57,355)            |
| Increase in prepaids and other assets  | (11,704)            |
| Decrease in accounts payable trade   | (124,249)           |
| Increase in accrued expenses   | 72,541              |
| Increase in deferred revenue   | 242,718             |
| Total adjustments  | <u>(4,710,948)</u>  |
| Net cash provided by operating activities  | <u>4,159,853</u>    |
| Cash flows from investing activities   |                     |
| Purchases of land, buildings, and equipment  | (606,356)           |
| Net purchase of investments  | <u>(22,293)</u>     |
| Net cash used by investing activities  | <u>(628,649)</u>    |
| Cash flows from financing activities   |                     |
| Collections of contributions restricted for investment in long-term assets                 | 209,813             |
| Proceeds from notes payable  | 2,521,255           |
| Decrease in cash restricted for financing activities                                       | <u>6,941</u>        |
| Net cash provided by financing activities  | <u>2,738,009</u>    |
| Net increase in cash   | 6,269,213           |
| Cash at beginning of year  | <u>2,950,912</u>    |
| Cash at end of year  | <u>\$ 9,220,125</u> |
| Supplemental disclosure of cash flow information   |                     |
| Interest   | <u>\$ 320,036</u>   |
| Taxes  | <u>\$ -</u>         |

The accompanying notes are an integral part of this consolidated statement.

Metropolitan Ministries, Inc. and Affiliates

CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES

For the year ended June 30, 2020  
(With comparative total as of June 30, 2019)

|                                     | Supporting Services  |   |                              | Total                           |                      |                      |
|-------------------------------------|----------------------|---|------------------------------|---------------------------------|----------------------|----------------------|
|                                     | Program<br>Services  | Development<br>and Community<br>Support | Management<br>and<br>General | Total<br>Supporting<br>Services | 2020                 | 2019                 |
|                                     |                      |   |                              |                                 |                      |                      |
| Salaries and wages                  | \$ 9,446,652         | \$ 306,800                              | \$ 930,993                   | \$ 1,237,793                    | \$ 10,684,445        | \$ 9,805,478         |
| Payroll taxes and benefits          | 1,970,104            | 80,158                                  | 201,664                      | 281,822                         | 2,251,926            | 2,131,789            |
| Total personnel expenses            | <u>11,416,756</u>    | <u>386,958</u>                          | <u>1,132,657</u>             | <u>1,519,615</u>                | <u>12,936,371</u>    | <u>11,937,267</u>    |
| In-kind goods and services          | 8,725,805            | -                                       | -                            | -                               | 8,725,805            | 6,766,776            |
| Contracted services                 | 1,409,053            | 31,600                                  | 199,828                      | 231,428                         | 1,640,481            | 1,149,689            |
| Food                                | 2,275,048            | -                                       | -                            | -                               | 2,275,048            | 2,046,922            |
| Insurance                           | 245,214              | 6,263                                   | 20,616                       | 26,879                          | 272,093              | 253,875              |
| Occupancy                           | 720,860              | -                                       | 6,885                        | 6,885                           | 727,745              | 900,994              |
| Office and other supplies           | 626,036              | 1,028                                   | 37,791                       | 38,819                          | 664,855              | 736,196              |
| Marketing                           | 166,424              | 230,868                                 | 159,276                      | 390,144                         | 556,568              | 497,984              |
| Professional fees and development   | 385,454              | 1,570                                   | 86,272                       | 87,842                          | 473,296              | 413,935              |
| Programmatic materials and supplies | 2,254,739            | 9,847                                   | 88,747                       | 98,594                          | 2,353,333            | 962,802              |
| Program and donor development       | 112,439              | 1,217,934                               | 111,846                      | 1,329,780                       | 1,442,219            | 1,791,603            |
| Transportation                      | 155,385              | 1,399                                   | 2,421                        | 3,820                           | 159,205              | 160,845              |
| Utilities                           | 724,571              | 1,448                                   | 42,442                       | 43,890                          | 768,461              | 803,205              |
| Other                               | 14,338               | 2,117                                   | 10,898                       | 13,015                          | 27,353               | 45,063               |
|                                     | <u>29,232,122</u>    | <u>1,891,032</u>                        | <u>1,899,679</u>             | <u>3,790,711</u>                | <u>33,022,833</u>    | <u>28,467,156</u>    |
| Depreciation                        | 1,644,091            | 277                                     | 78,399                       | 78,676                          | 1,722,767            | 1,766,363            |
| Interest and amortization           | 473,542              | -                                       | 9,604                        | 9,604                           | 483,146              | 472,536              |
| Total expenses                      | <u>\$ 31,349,755</u> | <u>\$ 1,891,309</u>                     | <u>\$ 1,987,682</u>          | <u>\$ 3,878,991</u>             | <u>\$ 35,228,746</u> | <u>\$ 30,706,055</u> |
| Percentage of total expenses        | <u>89.0%</u>         | <u>5.4%</u>                             | <u>5.6%</u>                  |                                 | <u>100%</u>          |                      |

The accompanying notes are an integral part of this consolidated statement.

Metropolitan Ministries, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

June 30, 2020

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A description of the organization and a summary of the significant accounting policies consistently applied in the preparation of the accompanying consolidated financial statements follow:

1. Description of the Organization

Metropolitan Ministries, Inc. is a community-supported, nonprofit organization founded in 1972 whose mission is to care for the homeless and those at risk of becoming homeless in the community, through services that alleviate suffering, promote dignity, and instill self-sufficiency as an expression of the ongoing ministry of Jesus Christ.

Metropolitan Ministries is a faith based social services organization caring for all those who come in need of assistance. Metropolitan Ministries provides answers for poor and homeless families, faithfully. This has been the cornerstone of the Ministries' approach since its founding. Over the past 48 years, as the number of homeless families and hungry people has increased, the Ministries has remained committed to reaching out and providing services that help prevent homelessness, ease hunger and offer homeless people life-changing solutions leading to self-sufficiency.

The Ministries offers three distinct programs:

- Outreach and Prevention Services – The focus of this program is reaching out to hungry people and preventing homelessness. The Ministries reaches out to hungry people by providing prepared meals to partner organizations, located throughout the Tampa Bay area, where anyone who is hungry can be fed. Since October 2014 the Ministries has also prepared and served hot meals to hungry homeless at its newly-constructed kitchen at its Pasco County campus in Holiday, Florida.

For families and individuals who live in their own home, but are at risk of becoming homeless, the Ministries provides various services. These services include meals and clothing, holiday food, toys and spiritual assistance to over 52,400 families in need, utility and rent assistance, employment lab, and referrals to housing and other agencies to meet their additional needs. These prevention services have resulted in an 97% success rate to keep at risk families from becoming homeless in the next 12 months and are offered in a manner that respects every individual's God-given dignity and worth.

Outreach and prevention services program expenses totaled approximately \$11,980,000 for the year ended June 30, 2020.

- Residential and Offsite Programs – Uplift Hall, Hope Hall and offsite apartments and programs are aimed at dealing with the issues of poverty and homelessness by focusing on the needs of each individual situation, as follows:

Metropolitan Ministries, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2020

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

- *MiraclePlace Residence Services* – 100 family living units in Tampa and an additional 24 family living units in Pasco at our Holiday, Florida location offer homeless families a safe place to live while finding their way to self-sufficiency. These on-site residences are supplemented by offsite apartments scattered throughout local communities in Hillsborough County. Families stay for as little as a few weeks or more than a year, depending on the needs of the individual or family. Through on-campus housing with variable length stays, 368 families were served during the year ended June 30, 2020.
- *Uplift Hall* – provides transitional housing and life skills programs for families and single women who need more intensive long-term services.
- *Hope Hall* – provides emergency short-term housing and life skills programs to families and single women who face homelessness due to unemployment and need help to get back on their feet.
- In October 2017, the Ministries completed construction of 24 family living units at its Pasco County campus in Holiday, Florida. The Ministries now serves homeless families with on-campus housing, as well as providing hot meals, counseling services and education to resident families.
- *Offsite Programs* – Over 380 families are served annually offsite through the First Hug program, funded by the Children’s Board of Hillsborough County, offering homebased case management services. Additionally, 648 families were assisted through other rent subsidy case management programs during the year ended June 30, 2020.
- *Health and Wellness* – The Ministries provides nutritious healthy well-balanced meals and snacks each day for all residents and Head Start children. The Ministries also provides health and wellness resources and increased access to medical care to resident homeless families and single women. The program utilizes a comprehensive health assessment to determine residents’ health and wellness needs. The new gym is utilized to provide physical fitness activities for all ages. Access to medical care is provided on site through partnerships with a medical provider and mobile clinic services.
- *Counseling and Case Management* – These services are central to all programs and include emergency crisis intervention, comprehensive assessments, case management and family counseling, and an individualized, achievable self-sufficiency plan. Additionally, anger management and life-skills building are included in the counseling components.

Metropolitan Ministries, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2020

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

- *Recovery and Sobriety* – The Ministries offers a full-range of recovery services for all Uplift U participants that struggle with addiction issues.
- Services include onsite addiction assessment and classes and recovery counselors along with referrals to other community recovery programs. Additional services include family intervention, co-dependency and prevention classes for family members, and connections to addict and family support services (Alcoholics Anonymous, Narcotics Anonymous, ALANON and ALATEEN).
- *Community Living and Pastoral Care* – Services include pastoral care, counseling, worship services, Bible studies and spiritual development that prepares residents for self-governance, advocacy, and personal responsibility when they leave the Ministries. Since May 2015 these services have been available in the Ministries newly-constructed nondenominational Chapel of Hope located at the center of the Tampa campus, to help residents focus on their spiritual growth and development.

Residential and offsite program expenses totaled approximately \$13,669,000 for the year ended June 30, 2020.

▪ Childhood and Adult Education

- *Childhood Education* – The Ministries offers its accredited Promiseland Early Childhood Education Program and additional Head Start program services in partnership with Hillsborough County. The combined programs served 351 children ages 0 - 5 with high quality childcare services for the year ended June 30, 2020.
- A new larger Partnership School building was opened August 2015, with capacity to serve 150 students. The Hillsborough County School District operates the kindergarten to grade 5 Partnership School for the Ministries' current and former resident children. The School District provides curriculum and pays for all school administrative and teaching staff, equipment and supplies.
- The Ministries additionally provides before and after school care, summer programs, and an onsite teen program to serve the children of its residents. Since May 2015 these services were offered in the newly-constructed Youth Enrichment Center and gym. These combined programs served 259 children and teens for the year ended June 30, 2020.
- *Adult Education* – Through collaborative community partnerships, adult residents participate in comprehensive adult literacy, GED, English as a second language, culinary training, and other education classes that provides them with the skills and training they need to be self-sufficient.

Metropolitan Ministries, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2020

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

- *Employment Services* – The Ministries offers a continuum of employment services, from job readiness to job placement and long-term training. Job readiness preparation is a key element including assessment, counseling, learning and demonstrating “soft skills” such as punctuality, on-task behavior and time management.
- For residents who have completed the readiness preparation or already have the skills and experience to move forward, the Ministries assists them in accessing job placement services and long-term training programs in the community.

Childhood and adult education services program expenses totaled approximately \$4,486,000 for the year ended June 30, 2020.

In addition to the ongoing Outreach, Residential and Education programs, beginning in March 2020 Metropolitan Ministries immediately responded to COVID-19 adding programs supporting our community in need as a result of the pandemic. The demand for non-perishable food boxes increased over 1,000% and Metropolitan Ministries responded by providing boxed food to 40 community partners as well as direct distribution totaling over 20,000 boxes. Our prepared meal distribution through meal site partners pivoted from warm meals delivered in cambros to 3,000 bagged meals per day for 7 days a week totaling over 336,000 bagged meals as of June 30, 2020. Additionally, the Ministries provided over \$1,500,000 in direct assistance for mortgage, rent, and utility payments. In this effort of response, front line relief staff continued to engage without breaks in coverage to ensure the needs of the community were met. This effort continues as our community continues to feel the impact of the COVID pandemic. This engagement occurs with minimal direct contact, improved processes to gain efficiency and work remotely, increased use of technology, and spanning a five county geographic reach.

The Ministries’ operating funds are generated primarily from private contributions. The Ministries also receives government grants, which comprise approximately 13% of total public support and revenue. The Ministries also operates a thrift store, catering service, and a café to help fund its operations and comprise approximately 5% of total public support and revenue. The Inside-The-Box and DoughNation locations offer catering services and desserts to the public and are staffed primarily by former residents who have successfully completed the Ministries’ Inside-The-Box Culinary Arts Program.

The ability of the Ministries to continue to provide services is dependent on the availability of funding and community support. The Ministries works to generate community funding for the Ministries’ programs. This funding support consists primarily of cash and stock donations, and in-kind gifts such as food, clothing, and services.

Metropolitan Ministries, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2020

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

Mid 2018, Metropolitan Ministries began a joint venture journey including the creation of two new entities, Metropolitan Ministries Developer, LLC and Metropolitan Ministries Broadway, LLC, with a developer to maximize tax credit benefits in the construction of a 112 unit affordable housing apartment complex in Seffner, Florida. Opening and lease-up of the new 112 apartment community is anticipated mid-February 2021.

2. Principles of Consolidation

The consolidated financial statements include the financial statements of Metropolitan Ministries, Inc., Metropolitan Ministries Foundation, Inc., MiraclePlace, Inc., MiraclePlace Foundation, Inc., MiraclePlace Pasco Tampa Initiative, Inc., Metropolitan Ministries Developer, LLC, and Metropolitan Ministries Broadway, LLC (collectively referred to as the Ministries). All significant inter-organizational transactions have been eliminated in the accompanying consolidated financial statements. No activity has occurred to date in Metropolitan Ministries Broadway, LLC entity previously referenced.

Metropolitan Ministries Foundation, Inc. (the Foundation), a Florida nonprofit corporation, was organized in October 2003 by the Ministries for the purpose of creating and managing its endowment gifts and related assets. The Ministries is the sole recipient of the Foundation's income.

MiraclePlace, Inc. (MPI) and MiraclePlace Foundation, Inc. (MPF) are Florida nonprofit corporations formed in October 2012 to accommodate the Ministries' New Markets Tax Credit Chapter 1 funding of new construction. MiraclePlace Pasco Tampa Initiative, Inc. (MPTI) is a Florida nonprofit corporation formed in May 2014 to accommodate the Ministries' New Markets Tax Credit Chapters 2 and 3 funding of new construction (see Notes H and N). The purpose of these entities is to hold certain assets of and title to property, collect income from that property, and turn over income from that property on behalf of the Ministries, pursuant to Section 501(c)(3) of the Internal Revenue Code of 1986.

Metropolitan Ministries Developer, LLC (MMD) and Metropolitan Ministries Broadway (MMB) are Florida limited liability organizations organized in March of 2018 to accommodate certain tax credit benefits associated with the construction of a 112 unit affordable housing apartment community in Seffner, Florida. The purpose of these entities is to collect fees associated with construction and management of the complex on behalf of the Ministries.

3. Basis of Accounting

These consolidated financial statements, presented on the accrual basis of accounting, have been prepared to focus on the Ministries as a whole and to present net assets, revenues, and expenses based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified as follows:

Metropolitan Ministries, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2020

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

- With Donor Restrictions - Net assets with donor restrictions are net assets subject to donor-imposed stipulations that may be fulfilled by actions of the Ministries to meet the stipulations, that may become undesignated by the passage of time, or that require net assets to be permanently maintained, thereby restricting the use of principal.
- Without Donor Restrictions - Net assets without donor restrictions are net assets not subject to donor-imposed restrictions or the donor-imposed restrictions have expired. These net assets are available for use at the discretion of the Board of Directors and/or management for general operating purposes.

4. Change in Accounting Standard

During fiscal year 2020, the Ministries adopted ASU 2018-08, *Clarifying the Scope of the Accounting Guidance for Contributions Received and Contributions Made* as well as ASU 2014-09 *Revenue from Contracts with Customers*. The Ministries adopted ASU 2018-08 and 2014-09 using the retrospective method. The adoption of these standards did not result in significant changes to the Ministries' accounting policies or impact its financial position, results of operations, or cash flows. As such, prior period financial statements were not restated and there was no cumulative effect adjustment upon adoption.

5. Liquidity

Assets and liabilities are presented in the accompanying statement of financial position according to their nearness of conversion to cash and, their maturity and resulting use of cash, respectively. See note B for more information on liquidity and availability of assets.

6. Revenue Recognition

Contributions received are recorded as without donor restrictions or with donor restrictions, depending on the existence and/or nature of any donor restrictions.

All donor-restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires (that is, when a stipulated time restriction ends or the purpose of the restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

Contributions, including unconditional promises to give (pledges), are recognized as revenues in the period received. Conditional promises to give are not recognized until they become unconditional, that is when the conditions on which they depend are substantially met. Contributions of assets other than cash are recorded at their estimated fair value. An allowance for uncollectible pledges is provided based upon management's judgment, including such factors as prior collection history, type of contribution and nature of the fundraising activity.

Metropolitan Ministries, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2020

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

7. Cash for Long-Term Purposes

Cash designated and restricted for the payment of interest on notes payable is classified as a noncurrent asset and approximated \$83,000 at June 30, 2020. Cash designated for endowments is classified as a noncurrent asset and approximated \$572,000 at June 30, 2020.

8. Pledges Receivable

The fair value of the pledge receivable is estimated by discounting expected net future cash flows. The Ministries recorded a provision for uncollectible amounts of approximately \$7,600 at June 30, 2020 in the accompanying consolidated financial statements.

9. Grants and Other Receivables

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a provision for bad debt expense and an adjustment to a valuation allowance based on its assessment of the current status of individual accounts.

Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable. Changes in the valuation allowance have not been material to the consolidated financial statements. The Ministries expects to collect all balances in full, so there is no provision for uncollectible amounts at June 30, 2020. The Ministries does not charge interest on past due balances.

10. Land, Buildings, and Equipment

Land, buildings, and equipment are stated at cost. Donated property and equipment are recorded at fair value at the date of donation. Depreciation is calculated over the estimated useful lives of the assets on the straight-line basis. Estimated useful lives for the Ministries' buildings and other furniture, equipment and improvements are 30 years and 5 to 10 years, respectively. The Ministries capitalizes asset acquisitions that exceed \$3,500.

11. Debt Issuance Costs

Debt issuance costs are reported as a direct deduction from the face amount of the related borrowings. The Ministries amortizes debt issuance costs using the effective interest method over the life of the debt and records the amortization as a component of interest expense. Debt issue costs decreased the debt liability by approximately \$76,000 as of June 30, 2020.

Metropolitan Ministries, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2020

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

12. Income Taxes

Metropolitan Ministries, Inc., Metropolitan Ministries Foundation, Inc., MiraclePlace, Inc., MiraclePlace Foundation, Inc., and MiraclePlace Pasco Tampa Initiative, Inc. been granted exemptions from federal income tax under Section 501(c)(3) of the Internal Revenue Code and from Florida income tax under Chapter 220 of the Florida Statutes. Accordingly, no provision for income taxes has been included in the accompanying consolidated financial statements. Management is not aware of any activities that would jeopardize the tax-exempt status of the Ministries.

13. In-Kind Contributions

Donated materials and professional services are reflected in the accompanying consolidated financial statements inasmuch as an objective basis is available to measure the value of such materials and professional services. For those donated materials and nonprofessional services for which no objective basis is available to measure the value, no such contributions are reflected in the accompanying consolidated financial statements. In-kind and noncash contributions that have been recorded in the accompanying consolidated financial statements include food, clothing, toys, school supplies and other necessary items.

A substantial number of volunteers have donated significant amounts of their time in the Ministries' program services that are not reflected in the accompanying consolidated financial statements. These volunteer services had an estimated value of approximately \$4,543,000 for the year ended June 30, 2020.

14. Functional Allocation of Expenses

The costs of providing the various programs have been summarized on a functional basis in a separate consolidated statement of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited. To the extent relevant, expenses related to operating facilities are allocated on a square footage basis. Support services such as human resources, accounting, and information technology are allocated on a per head count basis.

15. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amount of revenues and expenses during the reporting period. Actual results could differ from these estimates.

Metropolitan Ministries, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2020

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

16. Advertising Costs

The Ministries' policy is to expense advertising and marketing costs as incurred. Marketing costs were approximately \$557,000 for the year ended June 30, 2020.

17. Comparative Financial Information

The consolidated financial statements include certain prior year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Ministries' consolidated financial statements for the year ended June 30, 2019, from which the comparative totals were derived.

18. Reclassifications

Certain reclassification of the prior year's comparative balances have been made to conform to the current year presentation.

NOTE B - LIQUIDITY

The Ministries has the following financial assets that could readily be made available within one year of the balance sheet to fund expenses at June 30, 2020:

|  |                     |
|--|---------------------|
| Cash and cash equivalents  | \$ 9,220,125        |
| Investments  | 14,985              |
| Current portion of pledges receivable  | 262,950             |
| Grants and other receivables   | <u>1,730,356</u>    |
| Total financial assets available within one year                               | 11,228,416          |
| Less:  |                     |
| Amounts unavailable for general expenditures within one year, due to:          |                     |
| Restricted by donors with purpose restrictions                                 | <u>262,950</u>      |
| Amounts unavailable to management without Board's approval:                    |                     |
| Board designated funds   | <u>4,300,000</u>    |
| Total financial assets available to management for expenditure within one year | <u>\$ 6,665,466</u> |

Metropolitan Ministries, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2020

NOTE B - LIQUIDITY - Continued

The Ministries maintain a policy of structuring its financial assets to be available as its general expenditures, liabilities, and other obligations come due. The Ministries also has a line of credit of \$1,500,000 to meet future cash needs if deemed necessary at the discretion of management. Additionally, the Ministries has Board Designated net assets without donor restrictions that, while the ministries does not intend to spend these for purposes other than identified, the amounts could be made available for current operations if necessary.

The Board of Directors designated \$4,100,000 for additional COVID relief over the coming fiscal years from the operating funds at June 30, 2020. Additionally, Metropolitan Ministries was approved for a conservative PPP loan program application. The decision to seek PPP program assistance was one taken with a great deal of caution including obtaining advice from both legal and audit counsel. This designation along with PPP loan program proceeds has enabled Metropolitan Ministries to continue to be a beacon of hope in the Tampa Bay community. The organization avoided layoffs or pay cuts to staff while providing over \$1,500,000 in financial relief and food provision to over 20,000 families between March and June 2020 who were negatively impacted by the global pandemic.

NOTE C - PLEDGES RECEIVABLE

Pledges receivable at June 30, 2020 are summarized as follows:

|  |                          |
|--|--------------------------|
| Total unconditional pledges              | \$ 270,529               |
| Less allowance for uncollectible pledges | <u>(7,579)</u>           |
| Net pledges receivable                   | <u><u>\$ 262,950</u></u> |

NOTE D - NONCURRENT NOTES RECEIVABLE

Notes receivable from New Markets Tax Credit investment funds are secured by first interest in pledged securities and consist of the following at June 30, 2020:

|   |                             |
|---|-----------------------------|
| Note receivable dated June 27, 2014, interest accrued at 1%, annual interest payments through December 2022, then annual principal and interest payments of \$350,194, maturing December 2044 | \$ 7,439,300                |
| Note receivable dated June 27, 2014, interest accrued at 1.3%, annual interest payments through December 2022, then annual principal and interest payments, maturing December 2043            | <u>3,700,000</u>            |
| Total   | <u><u>\$ 11,139,300</u></u> |

Metropolitan Ministries, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2020

NOTE D - NONCURRENT NOTES RECEIVABLE - Continued

Principal on noncurrent notes receivable is due from 2023 to 2045.

During the fiscal year ended June 30, 2020 notes receivable totaling \$12,825,600 were forgiven as a result of the unwind of the NMTC agreement. See also note N.

NOTE E - FAIR VALUE MEASUREMENTS

The Fair Value Measurement and Disclosures Topic of the FASB Accounting Standards Codification establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under the Fair Value Measurement and Disclosure Topic are described as follows:

*Level 1* – Quoted market prices in active markets for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

*Level 2* – Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

*Level 3* – Significant unobservable inputs that reflect a reporting entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In many cases, a valuation technique used to measure fair value includes inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The valuation methodologies used for assets measured at fair value at June 30, 2020 are:

*Equity securities:* Comprised of common stock valued at the closing price reported in the active market in which the individual securities are traded.

*Beneficial interest in assets held by others:* Consist of a designated fund with a local community foundation. These assets are measured as reported by the community foundation and are not traded on an active market.

Metropolitan Ministries, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2020

NOTE E - FAIR VALUE MEASUREMENTS - Continued

The following table sets forth, by level within the fair value hierarchy, the Ministries' investment assets measured at fair value on a recurring basis at June 30, 2020:

|  | <u>Level 1</u>   | <u>Level 2</u> | <u>Level 3</u>    | <u>Fair Value</u> |
|--|------------------|----------------|-------------------|-------------------|
| Equity securities                            | \$ 14,985        | \$ -           | \$ -              | \$ 14,985         |
| Beneficial interest in assets held by others | <u>-</u>         | <u>-</u>       | <u>515,254</u>    | <u>515,254</u>    |
| Total  | <u>\$ 14,985</u> | <u>\$ -</u>    | <u>\$ 515,254</u> | <u>\$ 530,239</u> |

A summary of the activity of Level 3 assets for the year ended June 30, 2020 follows:

|  |                   |
|--|-------------------|
| Beneficial interest in funds held by others at beginning of year | \$ 511,226        |
| Additions  | 3,000             |
| Interest and dividends   | 8,534             |
| Change in value of beneficial interest in funds held by others   | (3,280)           |
| Fees   | <u>(4,226)</u>    |
| Beneficial interest in funds held by others at end of year       | <u>\$ 515,254</u> |

The Ministries established a designated fund with a local community foundation for the purpose of providing support for the Ministries' mission.

NOTE F - LAND, BUILDINGS, AND EQUIPMENT

A summary of land, buildings, and equipment at June 30, 2020 follows:

|                                   |                      |
|-----------------------------------|----------------------|
| Land                              | \$ 5,543,767         |
| Buildings                         | 35,683,553           |
| Land and building improvements    | 1,909,492            |
| Furniture, fixtures and equipment | 5,614,904            |
| Vehicles                          | 420,221              |
| Leasehold improvements            | 16,478               |
| Construction in progress          | <u>3,965</u>         |
| Total                             | 49,192,380           |
| Less accumulated depreciation     | <u>(18,269,846)</u>  |
| Net land, buildings and equipment | <u>\$ 30,922,534</u> |

Metropolitan Ministries, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2020

NOTE G - LINE OF CREDIT

The Ministries has a revolving line of credit totaling \$1,500,000 with Bank of America and bears interest at LIBOR plus 2.85%. The line of credit is secured by personal property of the Ministries and is due January 2021. There were no borrowings outstanding on this line of credit as of June 30, 2020.

NOTE H - NOTES PAYABLE

Notes payable consist of the following at June 30, 2020:

|  |                     |
|--|---------------------|
| <u>Notes Payable - In Cash</u>   |                     |
| Promissory note, 0% interest, principal payments deferred until maturity, due September 30, 2048, secured by real property   | <u>\$ 347,600</u>   |
| <u>Notes Payable - PPP</u>   |                     |
| Promissory note with a private lender from the SBA, fixed interest rate of 1%, deferred principle and interest payments, maturing April 28, 2022. Eligibilble to apply for full loan forgiveness under the CARES Act Paycheck Protection Program ("PPP") | <u>\$ 2,421,255</u> |
| <u>Forgivable Government Agency Notes</u>  |                     |
| Promissory note to government agency, 0% interest, principal payments deferred until maturity, due May 2039, secured by real property, if certain terms and contract covenants are maintained to be forgiven upon maturity                               | \$ 600,000          |
| Promissory note to government agency, 0% interest, principal payments deferred until maturity, due August 2032, secured by real property, to be forgiven upon maturity   | 500,000             |
| Mortgage to government agency, 0% interest, principal payments deferred until maturity, due June 24 secured by real property, to be forgiven upon maturity   | 100,000             |
| Promissory note to government agency, 0% interest, principal payments deferred until maturity, due December 2065, secured by real property, to be forgiven upon maturity   | 700,000             |
| Promissory note to government agency, 0% interest, principal payments deferred until maturity, due November 2021, secured by real property, to be forgiven upon maturity   | <u>32,727</u>       |
| Total Forgivable Government Agency Notes   | 1,932,727           |
| Less current portion   | <u>-</u>            |
| Forgivable Government Agency Notes, non current  | <u>\$ 1,932,727</u> |

Metropolitan Ministries, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2020

NOTE H - NOTES PAYABLE – Continued

New Markets Tax Credit Notes Subject to Put/Call Options \*

|  |                      |
|--|----------------------|
| <u>MPTI:</u>   |                      |
| Interest accrued at 1.355%, due December 2049  | 7,439,300            |
| Interest accrued at 1.355%, due December 2049  | 3,065,700            |
| Interest accrued at 1.0%, due December 2049  | 3,700,000            |
| Interest accrued at 1.0%, due December 2049  | <u>1,300,000</u>     |
| <br>   |                      |
| Total New Markets Tax Credit Notes Payable<br>Subject to Put/Call Options                                      | <br>15,505,000       |
| <br>   |                      |
| Less: Unamortized Debt Issuance Costs  | <u>(75,921)</u>      |
| <br>   |                      |
| Total New Markets Tax Credit Notes Payable Subject<br>to Put/Call Options, Net Unamortized Debt Issuance Costs | <u>\$ 15,429,079</u> |

\*All secured by real property and personal property

During the fiscal year ended June 30, 2020 notes payable totaling \$18,431,577 were forgiven as a result of the unwind of the 2012 NMTC agreement. See also note N.

In June 2014, the Ministries funded development and construction of a chapel, youth enrichment center, gym and K to grade 5 school in Tampa, and a kitchen in Holiday, Florida. These facilities enable the Ministries to provide residents the opportunity to focus on their spiritual needs and growth, and to feed homeless and at-risk families in Pasco County with Noncurrent Notes Payable and Noncurrent Notes Receivable issued under the New Markets Tax Credit (NMTC) program as provided by Section 45D of the Internal Revenue Code. The new MiraclePlace campus furthers the Ministries' mission by offering education, family counseling, childcare, food service facilities and transitional shelter to homeless families and those at risk of becoming homeless.

The purpose of the tax credit is to encourage investment in low-income community businesses, while also effectively reducing the borrowing or financing costs to the businesses. Construction was funded by two national banks (JPMorgan Chase and Hancock/Whitney Bank) and their New Markets Tax Credit investment groups and intermediaries.

The NMTC provides tax credits over the first seven years to investors in the two banks' private NMTC investment groups. The Ministries expects to have the net NTMC debt substantially reduced with equity conversions in 2021, by the exercise of \$1,000 options by Chase Community Equity LLC (an intermediary of JPMorgan Chase), and by Hancock/Whitney Bank. This net NMTC debt expected to be substantially reduced with equity conversion in 2021 is comprised of the Noncurrent Notes Payable by the Ministries to the NMTC private investment groups, less Noncurrent Notes Receivable (see Note D) owed to Miracle Place Foundation by the NMTC private investment groups, as follows:

Metropolitan Ministries, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2020

NOTE H - NOTES PAYABLE – Continued

| <u>NMTC Transaction</u> |                          | <u>NMTC Non-Current Notes</u> |                      | <u>Net NMTC Debt</u> |
|-------------------------|--------------------------|-------------------------------|----------------------|----------------------|
| <u>Date</u>             | <u>Equity Conversion</u> | <u>Payable</u>                | <u>Receivable</u>    |                      |
| Jun 2014                | Oct 2021                 | <u>\$ 15,429,079</u>          | <u>\$ 11,139,300</u> | <u>\$ 4,289,779</u>  |

Interest expense totaled approximately \$320,000 for the year ended June 30, 2020.

Principal maturities on notes payable are as follows:

| <u>Year ending June 30,</u> |                      |
|-----------------------------|----------------------|
| 2021                        | \$ -                 |
| 2022                        | 2,421,255            |
| 2023 - 2025                 | 132,727              |
| Thereafter                  | <u>17,576,679</u>    |
|                             | <u>\$ 20,130,661</u> |

NOTE I - COMMITMENTS AND CONTINGENCIES

Operating Leases

The Ministries leases certain equipment and facilities. The following is a schedule of approximate noncancelable minimum payments under such operating leases that expire at various dates through 2027:

| <u>Year ending June 30,</u> |                   |
|-----------------------------|-------------------|
| 2021                        | \$ 224,000        |
| 2022                        | 172,000           |
| 2023                        | 104,000           |
| 2024                        | 100,000           |
| 2025                        | 3,000             |
| Thereafter                  | <u>4,000</u>      |
|                             | <u>\$ 607,000</u> |

Metropolitan Ministries, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2020

NOTE I - COMMITMENTS AND CONTINGENCIES - Continued

Rent expense under operating leases was approximately \$279,000 for the year ended June 30, 2020.

Grants

The Ministries is subject to audit examination by funding sources to determine compliance with grant conditions. In the event that expenditures would be disallowed, repayment could be required. Management believes they are in compliance with the grant conditions imposed by their various funding sources.

NOTE J - ENDOWMENT

The Ministries' endowment is comprised of donor-restricted funds designated to function as endowments. Net assets associated with endowment funds are classified and reported based on existence or absence of donor-imposed restrictions.

The Ministries established a designated fund with a local community foundation for the purpose of providing support for the Ministries' mission. This fund is reported as Beneficial Interest in Assets Held by others in the accompanying consolidated statement of financial position.

The Florida Uniform Prudent Management of Institutional Funds Act requires the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulation to the contrary.

The Ministries classifies as permanently 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 Ministries considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: the duration and preservation of the fund, the purposes of the Ministries and the donor-restricted endowment fund, general economic conditions, the possible effect of inflation and deflation, the expected total return from income and appreciation of investments, other resources of the Ministries, and the investment policies of the Ministries.

The Ministries is developing an investment and spending policy for endowment assets that attempts to preserve the real (inflation adjusted) value of endowment assets, increase the real value of the portfolio, and facilitate a potential distribution to support some level of future operations. Endowment assets include those assets of donor-restricted funds that the Ministries must hold in perpetuity or for a donor-specified period(s).

Metropolitan Ministries, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2020

NOTE J - ENDOWMENT - Continued

The terms of the operating policies of the endowment funds (the Fund) will require that the Fund will be managed by the Investment Committee and approved by the board of directors. The Investment Committee will be responsible to oversee the portfolio's investments and monitor the investments on an ongoing basis to ensure that long-term objectives are being met. The Investment Committee will set a target asset allocation for the portfolio's assets and seek advice from professional investment managers which hold the assets. The Fund will invest funds in accordance with the standards set forth in the Ministries' investment policy.

The Ministries' board of directors, on the recommendation of the Investment Committee, will adopt a spending policy that governs the annual distributions from the endowment fund that may be expended for current operations of the Ministries. This policy will authorize the Ministries to distribute from its endowment fund a specified percentage, to be determined by the board of directors from time to time, of the current market at budget time or fiscal year-end of the endowment fund. The policy will allow the board to base the distribution formula on the average market value over a period of several years as it chooses to do so. For the fiscal year ended June 30, 2020, the Ministries' board of directors did not distribute any endowment funds.

Distributions cannot exceed the accumulated unspent earnings of the endowment without the board's approval. Income earned in excess of the spending rate may be reinvested in endowment principal. This is consistent with the Ministries' objective to maintain the purchasing power of endowment assets as well as to provide additional real growth through investment return.

Changes in the endowment's net assets are as follows for the year ended June 30, 2020:

|   | <u>Without Donor<br/>Restrictions</u> | <u>With Donor<br/>Restrictions</u> | <u>Total</u>      |
|---|---------------------------------------|------------------------------------|-------------------|
| Endowment balance at June 30, 2019                    | \$ -                                  | \$ 635,744                         | \$ 635,744        |
| Interest, dividends, realized and unrealized activity | -                                     | 5,254                              | 5,254             |
| Endowment additions - Beneficial Interest             | -                                     | 3,000                              | 3,000             |
| Endowment fees  | -                                     | (4,226)                            | (4,226)           |
| Endowment balance at June 30, 2020                    | <u>\$ -</u>                           | <u>\$ 639,772</u>                  | <u>\$ 639,772</u> |

Total endowment balance at June 30, 2020 includes approximately \$515,200 of Beneficial Interest in Funds Held by Others.

Metropolitan Ministries, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2020

NOTE K - NET ASSETS

Net Assets Without Donor Restrictions

Net assets without donor restrictions are net assets not subject to donor-imposed stipulations or the donor-imposed restrictions have expired. These net assets are available for the use at the discretion of the Board of Directors and/or management for general operating purposes. From time to time the board designates a portion of these net assets for specific purposes which makes them unavailable for use at management's discretion. The Ministries' Board of Directors has designated approximately \$4,100,000 of without donor restriction net assets for the extended use for COVID-19 relief efforts and \$200,000 for capital maintenance and replacement reserves for the year ended June 30, 2020.

Net Assets With Donor Restrictions

Net assets with donor restrictions in the accompanying consolidated statement of financial position are available for the following purposes as of June 30, 2020:

|  |                     |
|--|---------------------|
| Time restrictions on pledges receivable  | \$ 262,950          |
| Cash restricted for capital projects   | 447,636             |
| Unappropriated endowment earnings on<br>beneficial interest in assets held by others | 215,254             |
| Endowment earnings on beneficial interest<br>in assets held by others in perpetuity  | <u>424,518</u>      |
|  | <u>\$ 1,350,358</u> |

Net assets were released from restriction in the accompanying consolidated statement of activities during the year ended June 30, 2020 for satisfaction of time restrictions on pledges receivable of approximately \$183,000.

NOTE L - RETIREMENT PLAN

The Ministries has a Section 401(k) plan for its eligible employees. Full-time employees over the age of 21 who have worked for the Ministries for three months or more are eligible to participate in the plan. Employees are fully vested upon entrance to the plan. The plan provides an employer match of 100% on the first 3% of compensation and 50% on the next 2% of compensation. Plan contributions by the Ministries were approximately \$212,000 for the year ended June 30, 2020.

Metropolitan Ministries, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2020

NOTE M - GRANT REVENUE

The following is a summary of governmental grant revenue earned during the year ended June 30, 2020:

|   |                            |
|---|----------------------------|
| <u>Federal</u>                                    |                            |
| U.S. Department of Agriculture                    | \$ 233,643                 |
| U.S. Department of Housing and Urban Development  | 725,520                    |
| Corporation for National Community Service        | 172,562                    |
| Department of Homeland Security                   | 195,511                    |
| Default Agency                                    | 588,549                    |
|   | <u>1,915,785</u>           |
| <u>State</u>                                      |                            |
| Florida Department of Children and Families       | 44,723                     |
| Florida Housing Finance Corporation               | 105,133                    |
|   | <u>149,856</u>             |
| <u>County</u>                                     |                            |
| Children's Board of Hillsborough County           | 1,662,255                  |
| Hillsborough County Board of County Commissioners | 1,314,305                  |
| Hillsborough County Finance Authority             | 178,751                    |
|   | <u>3,155,311</u>           |
| Total   | <u><u>\$ 5,220,952</u></u> |

NOTE N - NEW MARKETS TAX CREDIT TRANSACTIONS

The Ministries entered into several debt and receivable transactions during the fiscal years ended June 30, 2013 and 2014, in order to make additional funds available to it through the New Markets Tax Credit (NMTC) Program, as described in Note H. As part of these transactions, the Ministries created MiraclePlace Foundation, Inc. (MPF) and MiraclePlace, Inc. (MPI) in 2012 and MiraclePlace Pasco Tampa Initiative, Inc. (MPTI) in 2014, as described in Note A under Principles of Consolidation.

The NMTC Program permits taxpayers to claim a credit against federal income taxes for Qualified Equity Investments (QEI) in designated Community Development Entities (CDEs). These designated CDEs must use substantially all (85%) of the proceeds to make Qualified Low-Income Community Investments (QLICI). The taxpaying investor is provided with a tax credit which is claimed over a seven-year period. The credit is equal to 5% of the total amount paid for the capital investment over the first three years and 6% annually for the final four years.

Metropolitan Ministries, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2020

NOTE N - NEW MARKETS TAX CREDIT TRANSACTIONS - Continued

2012 NMTC Transaction

JP Morgan Chase Bank through its Chase NMTC FL Met Min Investment Fund, LLC (Chase Fund) made a \$10,000,000 qualified equity investment in Enhanced Capital New Market Development Fund XI, LLC (Fund XI). Fund XI made a leverage loan of \$10,000,000 to the Chase Fund. The Chase Fund made QEIs of \$10,000,000 plus an additional investment of \$2,931,577 to Florida Community New Markets Fund X, LLC (Fund FCX). Fund FCX made two QLICI loans totaling \$10,000,000 to MPI in amounts of \$6,919,000 and \$3,081,000, and a non QLICI loan to MPI in the amount of \$2,431,577.

Whitney New Markets CDE 16, LLC (Whitney CDE) also made two QLICI loans totaling \$6,000,000 to MPI in the amounts of \$4,455,600 and \$1,544,400.

MPI used the proceeds from the QLICI loans to purchase land, building, and improvements from the Ministries for \$4,800,000 and to fund development and construction. New construction was completed in September 2013 and renovation of emergency housing units was completed in May 2014.

MPF issued loans to the Chase Fund for \$8,370,000 and to the Whitney CDE for \$4,455,600.

2012 NMTC Unwind

During the fiscal year ended June 30, 2020 the Option Agreement dated December 19, 2012 ("2012 NMTC Transaction") was exercised and the NMTC agreement was terminated. Notes payable totaling \$18,431,577 and notes receivable totaling \$12,825,600 were forgiven as a result of the termination of the NMTC agreement. The transactions resulted in a net consolidated gain of \$5,605,977. No amounts have been recorded on the accompanying consolidated financial statements related to the 2014 NMTC put and call options.

2014 NMTC Transaction

JPMorgan Chase Bank through its Chase NMTC Met Min 2 Investment Fund, LLC (Chase Fund 2) made an \$11,000,000 qualified equity investment in Florida Community New Markets Fund XV, LLC (Fund FXV). Fund FXV made two QLICI loans totaling \$10,505,000 to MPTI in amounts of \$7,439,300 and \$3,065,700.

Whitney New Markets Investor 27, LLC (Whitney CDE 2) also made QLICI loans totaling \$5,000,000 to MPTI in the amounts of \$3,700,000 and \$1,300,000.

Metropolitan Ministries, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2020

NOTE N - NEW MARKETS TAX CREDIT TRANSACTIONS - Continued

MPTI used the proceeds from the QLICI loans for payment of a ground lease of land and buildings from the Ministries for \$4,216,000 and to fund new development. Construction was completed in Pasco County in October 2014, on the Tampa campus in May 2015, and a new school in Tampa in August 2015.

MPF issued loans to the Chase Fund 2 for \$7,439,300 and to the Whitney COE 2 for \$3,700,000.

In connection with making the loans to the Chase and Whitney investment funds, the Ministries entered into put options with Chase Community Equity, LLC, and with Whitney Bank (the Investors). The agreements allow the Investors to put their interest in the Chase and Whitney funds to the Ministries at any time during the four to six months following the seventh anniversary of the effective date. The purchase price of the interests is \$1,000. Also, the Ministries entered into call options that, if the Chase and Whitney investment funds do not exercise their put options, the Ministries may call the Investors' interests, three to six months following the seven-year anniversary of the QEI. The call options may be executed by the Ministries at any time during the 24-month period following the end of the put options period. The purchase price of the call options is the fair market value of the Investors' interests at the time of the call. The purchase price of the funds' interests is the greater of the fair market value of the CDEs' interest or the aggregate, amount of principal and interest owed by the funds on the leverage loan as of the call options closing date.

NOTE O - CONCENTRATIONS OF CREDIT RISK

Financial instruments that potentially subject the Ministries to concentrations of credit risk consist principally of cash deposits at Bank of America. The Ministries' cash and cash equivalents may exceed, on occasion, amounts in excess of the Federal Deposit Insurance Corporation insured amount. The Ministries have not experienced any losses in such accounts.

NOTE P - RISKS AND UNCERTAINTIES

In March 2020, the United States and global financial markets experienced significant volatility resulting from uncertainty caused by the world-wide coronavirus pandemic (COVID-19). General economic uncertainties have arisen that may impact future cash flows and changes in net assets as a result of the pandemic. The related financial impact cannot be reasonably estimated at this time.

In order to ensure ongoing availability of Metropolitan Ministries to respond timely to community needs, the Board of Directors earmarked \$4.1 million in reserves for COVID-19 relief for future years as needed.

Metropolitan Ministries, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

June 30, 2020

NOTE Q - SUBSEQUENT EVENTS

The Ministries has evaluated events and transactions occurring subsequent to June 30, 2020 as of October 15, 2020, which is the date the consolidated financial statements were available to be issued.

On October 6, 2020, the Ministries began application for full forgiveness from the promissory note with a private lender from the SBA under the CARES Act Paycheck Protection Program. The Ministries expects full forgiveness to be received and recognized as revenue in the fiscal year ending June 30, 2021.

SUPPLEMENTARY INFORMATION

Metropolitan Ministries, Inc. and Affiliates

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
AND STATE FINANCIAL ASSISTANCE

June 30, 2020

| Grantor/ Program Title                                  | Federal<br>CFDA#/State<br>CSFA # | Pass - Through<br>Entity Identifying<br>Number | Pass-Through<br>to Subrecipients | Expenditures     |
|---|----------------------------------|--|----------------------------------|------------------|
| <b>Federal Awards -</b>                                 |                                  |  |                                  |                  |
| <u>U.S. Department of Agriculture</u>                   |                                  |  |                                  |                  |
| Indirect awards   |                                  |  |                                  |                  |
| Pass-through the Florida Department of Health           |                                  |  |                                  |                  |
| Child and Adult Care Food Program                       | 10.558                           | H-1214   | -                                | \$ 164,445       |
| Child and Adult Care Food Program                       | 10.558                           | H-5024   | -                                | 69,198           |
|   |                                  |  |                                  | <u>233,643</u>   |
| Total U.S. Department of Agriculture                    |                                  |  |                                  | <u>233,643</u>   |
| <u>U.S. Department of Housing and Urban Development</u> |                                  |  |                                  |                  |
| Indirect awards   |                                  |  |                                  |                  |
| Pass-through City of Tampa                              |                                  |  |                                  |                  |
| *Community Development Block Grant                      | 14.218                           | N/A  | -                                | 100,000          |
| *Community Development Block Grant                      | 14.218                           | N/A  | -                                | 32,727           |
| Community Development Block Grant                       | 14.218                           | N/A  | -                                | 200,000          |
| Community Development Block Grant                       | 14.218                           | F2016-126                                      | -                                | 55,261           |
| Community Development Block Grant                       | 14.218                           | CD19-0079                                      | -                                | 42,943           |
|   |                                  |  |                                  | <u>430,931</u>   |
| Pass-through Hillsborough County                        |                                  |  |                                  |                  |
| Community Development Block Grant                       | 14.218                           | N/A  | -                                | 187,745          |
|   |                                  |  |                                  | <u>187,745</u>   |
| Pass-through Hillsborough County                        |                                  |  |                                  |                  |
| Emergency Solutions Grant Program                       | 14.231                           | N/A  | -                                | 224,571          |
|   |                                  |  |                                  | <u>224,571</u>   |
| Pass-through Pasco County                               |                                  |  |                                  |                  |
| Emergency Solutions Grant Program                       | 14.231                           | E-19-UC-12-0009                                | -                                | 15,000           |
|   |                                  |  |                                  | <u>15,000</u>    |
| Pass-through City of Tampa                              |                                  |  |                                  |                  |
| *City of Tampa Home Investment Partnerships Program     | 14.239                           | -  | -                                | 500,000          |
|   |                                  |  |                                  | <u>500,000</u>   |
| Total U.S. Department of Housing and Urban Development  |                                  |  |                                  | <u>1,358,247</u> |

Metropolitan Ministries, Inc. and Affiliates

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
AND STATE FINANCIAL ASSISTANCE - CONTINUED

June 30, 2020

| Grantor/ Program Title                                | Federal<br>CFDA#/State<br>CSFA # | Pass - Through<br>Entity Identifying<br>Number | Pass-Through<br>to Subrecipients | Expenditures     |
|---|----------------------------------|--|----------------------------------|------------------|
| <u>Corporation for National and Community Service</u> |                                  |  |                                  |                  |
| Indirect awards                                       |                                  |  |                                  |                  |
| Pass-through Volunteer Florida                        |                                  |  |                                  |                  |
| AmeriCorps  | 94.006                           | 15AFHFL0010035                                 | -                                | 21,765           |
| AmeriCorps  | 94.006                           | 19FXHFL0010002                                 | -                                | 147,219          |
|   |                                  |  |                                  | <u>168,984</u>   |
| Pass-through Volunteer Florida                        |                                  |  |                                  |                  |
| Volunteer Generation Fund                             | 94.021                           | -  | -                                | 3,578            |
|   |                                  |  |                                  | <u>3,578</u>     |
| Total Corporation for National and Community Service  |                                  |  |                                  | <u>172,562</u>   |
| <u>Department of Homeland Security</u>                |                                  |  |                                  |                  |
| Pass-through Hillsborough County                      |                                  |  |                                  |                  |
| Emergency Food and Shelter National Board Program     | 97.024                           | 163800-005                                     | -                                | 173,339          |
|   |                                  |  |                                  | <u>173,339</u>   |
| Pass-through Pasco County                             |                                  |  |                                  |                  |
| Emergency Food and Shelter National Board Program     | 97.024                           | 169200-028                                     | -                                | 22,172           |
|   |                                  |  |                                  | <u>22,172</u>    |
| Total Department of Homeland Security                 |                                  |  |                                  | <u>195,511</u>   |
| <u>Default Agency</u>                                 |                                  |  |                                  |                  |
| Pass-through Hillsborough County                      |                                  |  |                                  |                  |
| Coronavirus Relief Fund                               | 21.019                           | N/A  | -                                | 588,549          |
|   |                                  |  |                                  | <u>588,549</u>   |
| Total Coronavirus Relief Fund                         |                                  |  |                                  | <u>588,549</u>   |
| Total Expenditures of Federal Awards                  |                                  |  |                                  | <u>2,548,512</u> |

Metropolitan Ministries, Inc. and Affiliates

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
AND STATE FINANCIAL ASSISTANCE - CONTINUED

June 30, 2020

| Grantor/ Program Title                                 | Federal<br>CFDA#/State<br>CSFA # | Pass - Through<br>Entity Identifying<br>Number | Pass-Through<br>to Subrecipients | Expenditures               |
|--|----------------------------------|--|----------------------------------|----------------------------|
| <b>State Financial Assistance -</b>                    |                                  |  |                                  |                            |
| <u>Florida Department of Children and Families</u>     |                                  |  |                                  |                            |
| Pass-through Pasco County                              |                                  |  |                                  |                            |
| Homeless Challenge Grant                               | 60.014                           | QPZ07  | -                                | 44,723                     |
|  |                                  |  |                                  | <u>44,723</u>              |
| <u>Florida Housing Finance Corporation</u>             |                                  |  |                                  |                            |
| Pass-through Pasco County                              |                                  |  |                                  |                            |
| * State Housing Initiatives Partnership Program        | 52.901                           | -  | -                                | 700,000                    |
| Pass-through Hillsborough County                       |                                  |  |                                  |                            |
| * State Housing Initiatives Partnership Program        | 52.901                           | 08-1642  | -                                | 347,600                    |
| State Housing Initiatives Partnership Program          | 52.901                           | -  | -                                | 105,133                    |
| Pass-through City of Tampa                             |                                  |  |                                  |                            |
| * State Housing Initiatives Partnership Program        | 52.901                           | 2007-1430                                      | -                                | 600,000                    |
|  |                                  |  |                                  | <u>1,752,733</u>           |
| Total of state financial assistance                    |                                  |  |                                  | <u>1,797,456</u>           |
| Total of federal awards and state financial assistance |                                  |  |                                  | <u><u>\$ 4,345,968</u></u> |

\*These amounts represent loans for which the U.S. Department of Housing and Urban Development and Florida Housing Finance Corporation, respectively, impose continuing compliance requirements.

The accompanying notes are an integral part of this schedule.

Metropolitan Ministries, Inc. and Affiliates

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
AND STATE FINANCIAL ASSISTANCE

June 30, 2020

NOTE A - BASIS OF PRESENTATION

The accompanying Schedule of Expenditures of Federal Awards and State Financial Assistance (the "Schedule") includes the federal and state award activity of Metropolitan Ministries, Inc. and Affiliates (the Ministries) under programs of the federal and state government for the year ended June 30, 2020. The information in this Schedule is presented in accordance with the requirements of 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance) and Chapter 10.650, *Rules of the Auditor General* (Chapter 10.650). Because the Schedule presents only a selected portion of the operations of the Ministries it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Ministries.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following, as applicable, either the cost principles in OMB Circular A-122, Cost Principles for Non-Profit Organizations, or the cost principles contained in Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, wherein certain types of expenditures are not allowable or are limited as to reimbursement. The Ministries have not elected to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance.

The following loan and loan guarantee programs have outstanding balances as of June 30, 2020:

|   |                            |
|---|----------------------------|
| <u>U.S. Department of Housing and Urban Development</u> |                            |
| Community Development Block Grant                       | \$ 132,727                 |
| Home Investment Partnership Program                     | <u>500,000</u>             |
|   | <u>632,727</u>             |
| <u>Florida Housing Financial Corporation</u>            |                            |
| State Housing Initiatives Partnership Program           | <u>1,647,600</u>           |
| Total   | <u><u>\$ 2,280,327</u></u> |

See also note H to the consolidated financial statements.

Metropolitan Ministries, Inc. and Affiliates

CONSOLIDATING STATEMENT OF FINANCIAL POSITION

June 30, 2020

|   | Metropolitan<br>Ministries, Inc. | Metropolitan<br>Ministries<br>Foundation, Inc. | MiraclePlace,<br>Inc. | MiraclePlace<br>Foundation,<br>Inc. | MiraclePlace<br>Pasco Tampa<br>Initiative, Inc. | Metropolitan<br>Ministries<br>Developer, LLC | Eliminations           | Consolidated         |
|---|----------------------------------|--|-----------------------|-------------------------------------|---|--|------------------------|----------------------|
| <b>ASSETS</b>   |                                  |  |                       |                                     |   |  |                        |                      |
| <b>CURRENT ASSETS</b>   |                                  |  |                       |                                     |   |  |                        |                      |
| Cash  | \$ 8,675,634                     | \$ 419,749                                     | \$ -                  | \$ -                                | \$ -  | \$ 124,742                                   | \$ -                   | \$ 9,220,125         |
| Investments   | 14,985                           | -  | -                     | -                                   | -   | -  | -                      | 14,985               |
| Grants and other receivables                                      | 1,669,109                        | -  | -                     | 61,247                              | -   | -  | -                      | 1,730,356            |
| Pledges receivable, current portion                               | 262,950                          | -  | -                     | -                                   | -   | -  | -                      | 262,950              |
| Prepaid and other assets  | 386,151                          | -  | -                     | -                                   | -   | -  | -                      | 386,151              |
| Total current assets  | 11,008,829                       | 419,749  | -                     | 61,247                              | -   | 124,742                                      | -                      | 11,614,567           |
| Cash - for long-term purposes                                     | 447,636                          | 124,518  | 19                    | -                                   | 82,934  | -  | -                      | 655,107              |
| BENEFICIAL INTEREST IN ASSETS<br>HELD BY OTHERS                   | 515,254                          | -  | -                     | -                                   | -   | -  | -                      | 515,254              |
| PLEDGES RECEIVABLE - long-term portion                            | -                                | -  | -                     | -                                   | -   | -  | -                      | -                    |
| NOTES RECEIVABLE, non-current                                     | -                                | -  | -                     | 11,139,300                          | -   | -  | -                      | 11,139,300           |
| INTERCOMPANY RECEIVABLES  | 10,036,563                       | 800,265  | -                     | -                                   | -   | -  | (10,836,828)           | -                    |
| LAND, BUILDINGS AND EQUIPMENT, net of<br>accumulated depreciation | 4,101,347                        | 1,135  | 13,783,333            | -                                   | 13,700,024                                      | -  | (663,305)              | 30,922,534           |
| <b>TOTAL ASSETS</b>   | <b>\$ 26,109,629</b>             | <b>\$ 1,345,667</b>                            | <b>\$ 13,783,352</b>  | <b>\$ 11,200,547</b>                | <b>\$ 13,782,958</b>                            | <b>\$ 124,742</b>                            | <b>\$ (11,500,133)</b> | <b>\$ 54,846,762</b> |

Metropolitan Ministries, Inc. and Affiliates

CONSOLIDATING STATEMENT OF FINANCIAL POSITION - CONTINUED

June 30, 2020

|                                     | Metropolitan<br>Ministries, Inc. | Metropolitan<br>Ministries<br>Foundation, Inc. | MiraclePlace,<br>Inc. | MiraclePlace<br>Foundation,<br>Inc. | MiraclePlace<br>Pasco Tampa<br>Initiative, Inc. | Metropolitan<br>Ministries<br>Developer, LLC | Eliminations    | Consolidated  |
|-------------------------------------|----------------------------------|--|-----------------------|-------------------------------------|---|--|-----------------|---------------|
| LIABILITIES AND NET ASSETS          |                                  |  |                       |                                     |   |  |                 |               |
| CURRENT LIABILITIES                 |                                  |  |                       |                                     |   |  |                 |               |
| Accounts payable trade              | \$ 608,382                       | \$ -   | \$ -                  | \$ -                                | \$ -  | \$ -   | \$ -            | \$ 608,382    |
| Accrued expenses                    | 856,325                          | 8,317  | -                     | -                                   | 96,171  | -  | -               | 960,813       |
| Deferred revenue                    | 538,209                          | -  | -                     | -                                   | -   | -  | -               | 538,209       |
| Notes payable, current portion      | -                                | -  | -                     | -                                   | -   | -  | -               | -             |
| Line of credit                      | -                                | -  | -                     | -                                   | -   | -  | -               | -             |
| Total current liabilities           | 2,002,916                        | 8,317  | -                     | -                                   | 96,171  | -  | -               | 2,107,404     |
| NOTES PAYABLE, non-current          |                                  |  |                       |                                     |   |  |                 |               |
| Note payable - in cash              | 347,600                          | -  | -                     | -                                   | -   | -  | -               | 347,600       |
| Note payable - PPP                  | 2,421,255                        | -  | -                     | -                                   | -   | -  | -               | 2,421,255     |
| Forgivable notes from grants        | 1,932,727                        | -  | -                     | -                                   | -   | -  | -               | 1,932,727     |
| New markets tax credit notes        | -                                | -  | -                     | -                                   | 15,429,079                                      | -  | -               | 15,429,079    |
| INTERCOMPANY PAYABLES               | -                                | -  | -                     | 9,551,580                           | 1,285,248                                       | -  | (10,836,828)    | -             |
| TOTAL LIABILITIES                   | 6,704,498                        | 8,317  | -                     | 9,551,580                           | 16,810,498                                      | -  | (10,836,828)    | 22,238,065    |
| NET ASSETS                          |                                  |  |                       |                                     |   |  |                 |               |
| Without donor restriction           | 18,179,291                       | 1,212,832                                      | 13,783,352            | 1,648,967                           | (3,027,540)                                     | 124,742                                      | (663,305)       | 31,258,339    |
| With donor restriction              | 1,225,840                        | 124,518  | -                     | -                                   | -   | -  | -               | 1,350,358     |
|                                     | 19,405,131                       | 1,337,350                                      | 13,783,352            | 1,648,967                           | (3,027,540)                                     | 124,742                                      | (663,305)       | 32,608,697    |
| TOTAL LIABILITIES AND<br>NET ASSETS | \$ 26,109,629                    | \$ 1,345,667                                   | \$ 13,783,352         | \$ 11,200,547                       | \$ 13,782,958                                   | \$ 124,742                                   | \$ (11,500,133) | \$ 54,846,762 |

Metropolitan Ministries, Inc. and Affiliates

CONSOLIDATING STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

For the year ended June 30, 2020

|   | Metropolitan<br>Ministries, Inc. | Metropolitan<br>Ministries<br>Foundation, Inc. | MiraclePlace,<br>Inc. | MiraclePlace<br>Foundation,<br>Inc. | MiraclePlace<br>Pasco Tampa<br>Initiative, Inc. | Metropolitan<br>Ministries<br>Developer, LLC | Eliminations | Consolidated  |
|---|----------------------------------|--|-----------------------|-------------------------------------|---|--|--------------|---------------|
| <b>PUBLIC SUPPORT</b>                               |                                  |  |                       |                                     |   |  |              |               |
| Contributions                                       | \$ 17,425,131                    | \$ 793,455                                     | \$ -                  | \$ -                                | \$ 128,000                                      | \$ -   | \$ (163,261) | \$ 18,183,325 |
| Non-cash contributions                              | 6,916,361                        | -  | -                     | -                                   | -   | -  | -            | 6,916,361     |
| In-kind services                                    | 1,809,444                        | -  | -                     | -                                   | -   | -  | -            | 1,809,444     |
| Special events (net of \$128,141 of direct expense) | 543,854                          | -  | -                     | -                                   | -   | -  | -            | 543,854       |
| Government grants                                   | 5,220,952                        | -  | -                     | -                                   | -   | -  | -            | 5,220,952     |
| Private grants                                      | 2,928,744                        | 2,410  | -                     | -                                   | -   | -  | -            | 2,931,154     |
| Total public support                                | 34,844,486                       | 795,865  | -                     | -                                   | 128,000   | -  | (163,261)    | 35,605,090    |
| <b>REVENUE</b>                                      |                                  |  |                       |                                     |   |  |              |               |
| Program service revenue                             | 1,047,239                        | -  | -                     | -                                   | -   | 124,115                                      | -            | 1,171,354     |
| Thrift store sales                                  | 488,668                          | -  | -                     | -                                   | -   | -  | -            | 488,668       |
| Café and catering revenue                           | 742,820                          | -  | -                     | -                                   | -   | -  | -            | 742,820       |
| Other income  | 1,045,552                        | 169  | -                     | -                                   | -   | -  | (758,515)    | 287,206       |
| Interest income                                     | 8,414                            | 4,162  | 313                   | 184,567                             | 349   | 627  | -            | 198,432       |
| Total revenue                                       | 3,332,693                        | 4,331  | 313                   | 184,567                             | 349   | 124,742                                      | (758,515)    | 2,888,480     |
| Total public support<br>and revenue                 | 38,177,179                       | 800,196  | 313                   | 184,567                             | 128,349   | 124,742                                      | (921,776)    | 38,493,570    |

Metropolitan Ministries, Inc. and Affiliates

CONSOLIDATING STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS - CONTINUED

For the year ended June 30, 2020

|  | Metropolitan<br>Ministries, Inc. | Metropolitan<br>Ministries<br>Foundation, Inc. | MiraclePlace,<br>Inc. | MiraclePlace<br>Foundation,<br>Inc. | MiraclePlace<br>Pasco Tampa<br>Initiative, Inc. | Metropolitan<br>Ministries<br>Developer, LLC | Eliminations | Consolidated  |
|--|----------------------------------|--|-----------------------|-------------------------------------|---|--|--------------|---------------|
| EXPENSES   |                                  |  |                       |                                     |   |  |              |               |
| Program services   | 29,168,801                       | 204,476  | 758,552               | 34                                  | 22,035  | -  | (921,776)    | 29,232,122    |
| Supporting services  |                                  |  |                       |                                     |   |  |              |               |
| Development and community support  | 1,849,937                        | 41,095   | -                     | -                                   | -   | -  | -            | 1,891,032     |
| Management and general   | 1,858,584                        | 41,095   | -                     | -                                   | -   | -  | -            | 1,899,679     |
|  | 3,708,521                        | 82,190   | -                     | -                                   | -   | -  | -            | 3,790,711     |
| Total expenses before depreciation,<br>amortization, interest and NMTC gain              | 32,877,322                       | 286,666  | 758,552               | 34                                  | 22,035  | -  | (921,776)    | 33,022,833    |
| Change in net assets before depreciation,<br>amortization, interest and NMTC gain (loss) | 5,299,857                        | 513,530  | (758,239)             | 184,533                             | 106,314   | 124,742                                      | -            | 5,470,737     |
| Depreciation   | 907,056                          | 833  | 388,714               | -                                   | 426,164   | -  | -            | 1,722,767     |
| Amortization and interest  | 167                              | -  | 206,740               | 1,073                               | 275,166   | -  | -            | 483,146       |
| Total depreciation, amortization<br>and interest   | 907,223                          | 833  | 595,454               | 1,073                               | 701,330   | -  | -            | 2,205,913     |
| Net gain (loss) from NMTC  | -                                | -  | 18,431,577            | (12,825,600)                        | -   | -  | -            | 5,605,977     |
| Change in net assets   | 4,392,634                        | 512,697  | 17,077,884            | (12,642,140)                        | (595,016)                                       | 124,742                                      | -            | 8,870,801     |
| Net assets at beginning of year*   | 15,012,497                       | 824,653  | (3,294,532)           | 14,291,107                          | (2,432,524)                                     | -  | (663,305)    | 23,737,896    |
| Net assets at end of year  | \$ 19,405,131                    | \$ 1,337,350                                   | \$ 13,783,352         | \$ 1,648,967                        | \$ (3,027,540)                                  | \$ 124,742                                   | \$ (663,305) | \$ 32,608,697 |

\*Beginning net assets between the individual entities are restated from the prior year presentation to conform with the current year. This restatement had no impact on consolidated beginning net assets.



**INDEPENDENT AUDITORS' 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**

Board of Directors  
 Metropolitan Ministries, Inc. and Affiliates

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 consolidated financial statements of Metropolitan Ministries, Inc. and Affiliates (a nonprofit organization) (collectively the Ministries), which comprise the consolidated statement of financial position as of June 30, 2020, and the related consolidated statements of activities and changes in net assets, cash flows and functional expenses for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated October 15, 2020.

**Internal Control Over Financial Reporting**

In planning and performing our audit of the consolidated financial statements, we considered the Ministries' internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Ministries' internal control. Accordingly, we do not express an opinion on the effectiveness of the Ministries' 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 consolidated 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.

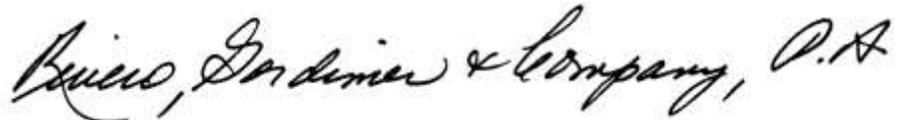


## Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Ministries' consolidated 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 determination of financial statement amounts. 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.

## 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 Ministries' internal control or on compliance. This report is an integral part of an audit performed in accordance with Government Auditing Standards in considering the Ministries' internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in cursive script that reads "Bruce, Gardner & Company, P.A." The signature is written in black ink and is positioned to the right of the date and location text.

Tampa, Florida  
October 15, 2020



INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND STATE PROJECT AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE AND CHAPTER 10.650, RULES OF THE AUDITOR GENERAL

Board of Directors  
Metropolitan Ministries, Inc. and Affiliates

**Report on Compliance for Each Major Federal Program and State Project**

We have audited Metropolitan Ministries, Inc. and Affiliates' (the Ministries) compliance with the types of compliance requirements described in OMB Compliance Supplement and the requirements described in the Department of Financial Services' State Projects Compliance Supplement, that could have a direct and material effect on each of its major federal programs and state projects for the year ended June 30, 2020. The Ministries' major federal programs and state projects are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

**Management's Responsibility**

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs and state projects.

**Auditor's Responsibility**

Our responsibility is to express an opinion on compliance for each of the Ministries' major federal programs and state projects 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, Audit Requirements for Federal Awards (Uniform Guidance) and Chapter 10.650, *Rules of the Auditor General*. Those standards, the Uniform Guidance and Chapter 10.650, *Rules of the Auditor General*, 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 or state project occurred. An audit includes examining, on a test basis, evidence about the Ministries' 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 and state project. However, our audit does not provide a legal determination of the Ministries' compliance.



## Opinion on Each Major Federal Program and State Project

In our opinion, the Ministries 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 and state projects for the year ended June 30, 2020.

## Report on Internal Control Over Compliance

Management of the Ministries 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, we considered the Ministries' internal control over compliance with the types of requirements that could have a direct and material effect on a major federal program or state project to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing our opinion on compliance for each major federal program or state project and to test and report on internal control over compliance in accordance with the Uniform Guidance, and Chapter 10.650, *Rules of the Auditor General*, 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 the Ministries' 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 or state project on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program or state project will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or as combination deficiencies, in internal control over compliance with the type of compliance requirement of a federal program or state project that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charge 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 and therefore, material weaknesses or significant deficiencies may exist that were not identified. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses.

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 results of that testing based on the requirements of the Uniform Guidance, and Chapter 10.650, *Rules of the Auditor General*. Accordingly, this report is not suitable for any other purpose.



Tampa, Florida  
October 15, 2020

Metropolitan Ministries, Inc. and Affiliates

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

For the year ended June 30, 2020

**Section I - Summary of Auditors' Results**

**Financial Statements**

|   |                                      |
|---|--------------------------------------|
| Type of auditors' report issued                       | <u>Unmodified</u>                    |
| Internal control over financial reporting             |                                      |
| Material weakness(es) identified?                     | _____ yes <u>  X  </u> no            |
| Significant deficiency(ies) identified?               | _____ yes <u>  X  </u> none reported |
| Noncompliance material to financial statements noted? | _____ yes <u>  X  </u> no            |

**Federal Awards and State Financial Assistance**

|   |                                      |
|---|--------------------------------------|
| Internal control over major federal programs and state projects   |                                      |
| Material weakness(es) identified?   | _____ yes <u>  X  </u> no            |
| Significant deficiency(ies) identified?   | _____ yes <u>  X  </u> none reported |
| Type of auditors' report issued on compliance for major federal programs and state projects?  | <u>Unmodified</u>                    |
| Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a) Chapter 10.650, <i>Rules of the Auditor General</i> ? | _____ yes <u>  X  </u> no            |

Identification of major federal programs and state projects:

**Federal Programs**

| <u>CFDA Number</u> | <u>Name of Federal Program</u>       |
|--------------------|--------------------------------------|
| 14.239             | Home Investment Partnerships Program |
| 21.019             | Coronavirus Relief Fund              |

**State Project**

| <u>CSFA Number</u> | <u>Name of State Project</u>                 |
|--------------------|--|
| 52.901             | State Housing Initiative Partnership Program |

|   |                   |
|---|-------------------|
| Dollar threshold used to distinguish between type A and type B federal programs | <u>\$ 750,000</u> |
|---|-------------------|

|   |                   |
|---|-------------------|
| Dollar threshold used to distinguish between type A and type B state projects | <u>\$ 539,237</u> |
|---|-------------------|

|  |                              |
|--|------------------------------|
| Auditee qualified as low-risk auditee? | <u>  X  </u> yes    _____ no |
|--|------------------------------|

Metropolitan Ministries, Inc. and Affiliates

SCHEDULE OF FINDINGS AND QUESTIONED COSTS - CONTINUED

For the year ended June 30, 2020

**Section II - Financial Statements Findings**

No matters were required to be reported for the year ended June 30, 2020. Accordingly, a corrective action plan is not required

**Section III - Federal Award and State Financial Assistance Findings and Questioned Costs**

No matters were required to be reported for the year ended June 30, 2020. Accordingly, a corrective action plan is not required

**Section IV - Other Issues**

**Prior Year Findings**

No prior year audit findings pursuant to Section 10.654(1)(e), Rules of the Auditor General

**Management Letter**

No findings or observations were required to be reported in a management letter pursuant to Section 10.654(1)(e), *Rules of the Auditor General*

**Supporting documentation and names have been removed to protect privacy. These documents are on file at PCF**



**Reimbursement Template  
Summary of Expenses**

For each unbudgeted/unplanned, but COVID-19 related expenditure, provide the following:

- Receipt or invoice for the purchase
- Method of payment for the purchase
- If paid via credit card or credit arrangement, provide a copy of the credit card statement with the appropriate charge (for security REDACT most account numbers)
- Include bank statement demonstrating paying of credit card (for security REDACT most account numbers)

You may add additional rows to the table below in order to properly document expenses. Keep items and documentation in the item order in your summary chart to easily follow the documentation.

| Item Number | Quantity                 | Item Description  | Total Cost  |
|-------------|--------------------------|---|-------------|
| 1           | 10,212 packages/<br>cans | Riceland Long Grain Rice (7,716 packages), Hayes Beans Large Lima (2,496 cans) – May/June food purchase from Cheney Brothers (CBI) – partial allocation of total receipt amount | \$16,800.00 |
| 2           | 10,831 cans              | Campbell’s Chicken Noodle Soup – July food purchase from Cheney Brothers (CBI) – partial allocation of total receipt amount   | \$12,000.00 |
| 3           | 9,612 cans               | Bush’s Blackeye Peas – August food purchase from Cheney Brothers (CBI) – partial allocation of total receipt amount   | \$10,800.00 |
| 4           | 10,800 cans              | Bumble Bee Tuna Chunk Light – September food purchase from Cheney Brothers (CBI) – partial allocation of total receipt amount   | \$10,800.00 |
| 5           | 1,320 packages           | Malt-o-meal Cereal Golden Puffs – October food purchase from Cheney Brothers (CBI) – partial allocation of total receipt amount   | \$4,200.00  |
| 6           | 1,536 packages           | Malt-o-meal Cereal Cinnamon Toast – November/December food purchase from Cheney Brothers (CBI) – partial allocation of total receipt amount                                     | \$4,800.00  |
| 7           | 1 month                  | [REDACTED]  | \$755.58    |
| 8           | 1 month                  | [REDACTED]  | \$1,620.00  |

|    |         |  |            |
|----|---------|--|------------|
| 9  | 1 month | [REDACTED]s July 2020 rent assistance – paid to landlord [REDACTED]              | \$1,031.00 |
| 10 | 1 month | Fisher June 2020 rent assistance – paid to landlord [REDACTED]                   | \$1,199.00 |
| 11 | 1 month | Penrose August 2020 rent assistance – paid to landlord [REDACTED]                | \$995.00   |
| 12 | 1 month | [REDACTED] June 2020 rent assistance – paid to landlord [REDACTED]               | \$1,450.00 |
| 13 | 1 month | [REDACTED] partial July/August 2020 rent assistance – paid to landlor [REDACTED] | \$1,155.00 |
| 14 | 1 month | [REDACTED] August 2020 rent assistance – paid to landlord [REDACTED]             | \$1,210.00 |
| 15 | 1 month | [REDACTED] June 2020 rent assistance – paid to landlord [REDACTED]               | \$750.00   |
| 16 | 1 month | [REDACTED] September 2020 rent assistance – paid to landlord [REDACTED]          | \$750.00   |
| 17 | 1 month | Brown July 2020 rent assistance – paid to landlord [REDACTED]                    | \$750.00   |
| 18 | 1 month | [REDACTED] September 2020 rent assistance – paid to landlord [REDACTED]          | \$750.00   |
| 19 | 1 month | [REDACTED] May 2020 rent assistance – paid to landlord [REDACTED]                | \$750.00   |
| 20 | 1 month | [REDACTED] August 2020 rent assistance – paid to landlord [REDACTED]             | \$750.00   |
| 21 | 1 month | [REDACTED] S. September 2020 rent assistance – paid to landlor [REDACTED]        | \$750.00   |
| 22 | 1 month | [REDACTED] August 2020 rent assistance – paid to landlord                        | \$750.00   |
| 23 | 1 month | [REDACTED] September 2020 rent assistance – paid to landlord                     | \$750.00   |
| 24 | 1 month | [REDACTED] September 2020 rent assistance – paid to landlord                     | \$750.00   |
| 25 | 1 month | [REDACTED] September 2020 rent assistance – paid to landlord                     | \$750.00   |
| 26 | 1 month | [REDACTED] August 2020 rent assistance – paid to landlord                        | \$750.00   |
| 27 | 1 month | [REDACTED] September 2020 rent assistance – paid to landlord                     | \$750.00   |

|    |         |  |           |
|----|---------|--|-----------|
| 28 | 1 month | [REDACTED] July 2020 rent assistance – paid to landlord [REDACTED]           | \$750.00  |
| 29 | 1 month | [REDACTED] September 2020 rent assistance – paid to landlord [REDACTED]      | \$750.00  |
| 30 | 1 month | [REDACTED] September 2020 rent assistance – paid to landlord [REDACTED]      | \$750.00  |
| 31 | 1 month | [REDACTED] October 2020 rent assistance – paid to landlord [REDACTED]        | \$750.00  |
| 32 | 1 month | [REDACTED] August 2020 rent assistance – paid to landlord [REDACTED]         | \$750.00  |
| 33 | 1 month | [REDACTED] October 2020 rent assistance – paid to landlord [REDACTED]        | \$500.00  |
| 34 | 1 month | [REDACTED] October 2020 rent assistance – paid to landlord                   | \$750.00  |
| 35 | 1 month | [REDACTED] October 2020 rent assistance – paid to landlord [REDACTED]        | \$750.00  |
| 36 | 1 month | [REDACTED] May 2020 rent assistance – paid to mortgage holder                | \$750.00  |
| 37 | 1 month | [REDACTED] August 2020 rent assistance – paid to landlord                    | \$750.00  |
| 38 | 1 month | [REDACTED] October 2020 rent assistance – paid to landlord [REDACTED]        | \$750.00  |
| 39 | 1 month | [REDACTED] October 2020 rent assistance – paid to landlord [REDACTED]        | \$750.00  |
| 40 | 1 month | [REDACTED] October 2020 rent assistance – paid to landlord [REDACTED]        | \$750.00  |
| 41 | 1 month | [REDACTED] November 2020 rent assistance – paid to landlord                  | \$888.00  |
| 42 | 1 month | [REDACTED] October 2020 rent assistance – paid to landlord                   | \$940.00  |
| 43 | 1 month | [REDACTED] November 2020 rent assistance – paid to landlord                  | \$1000.00 |
| 44 | 1 month | [REDACTED] June 2020 utility assistance – paid to Utility Vendor Duke Energy | \$290.53  |
| 45 | 1 month | [REDACTED] June 2020 utility assistance – paid to Utility Vendor Duke Energy | \$344.73  |
| 46 | 1 month | [REDACTED] June 2020 utility assistance – paid to Utility Vendor Duke Energy | \$153.18  |

|    |         |  |            |
|----|---------|--|------------|
| 47 | 1 month | ██████████ July 2020 utility assistance – paid to Utility Vendor Duke Energy   | \$250.00   |
| 48 | 1 month | ██████████ July 2020 utility assistance – paid to Utility Vendor TECO          | \$148.18   |
| 49 | 1 month | ██████████ August 2020 utility assistance – paid to Utility Vendor Duke Energy | \$250.00   |
| 50 | 1 month | ██████████ April 2020 rent assistance – paid to landlord ██████████            | \$1,700.00 |
| 51 | 1 month | ██████████ April 2020 rent assistance – paid to landlord ██████████            | \$2,200.00 |
| 52 | 1 month | ██████████ April 2020 rent assistance – paid to landlord ██████████            | \$847.00   |
| 53 | 1 month | ██████████ April 2020 rent assistance – paid to landlord ██████████            | \$1,119.00 |
| 54 | 1 month | ██████████ April 2020 rent assistance – paid to landlor ██████████             | \$950.00   |
| 55 | 1 month | ██████████ April 2020 rent assistance – paid to landlord ██████████            | \$1,850.00 |
| 56 | 1 month | ██████████ April 2020 rent assistance – paid to landlord ██████████            | \$796.00   |
| 57 | 1 month | ██████████ May 2020 rent assistance – paid to landlord ██████████              | \$1,400.00 |
| 58 | 1 month | ██████████ April 2020 rent assistance – paid to landlor ██████████             | \$1,100.00 |
| 59 | 1 month | ██████████ April 2020 rent assistance – paid to landlord ██████████            | \$1,150.00 |
| 60 | 1 month | ██████████ April 2020 rent assistance – paid to landlord Dwell at ██████████   | \$1,002.00 |
| 61 | 1 month | ██████████ April 2020 rent assistance – paid to landlord ██████████            | \$1,210.00 |
| 62 | 1 month | ██████████ April 2020 rent assistance – paid to landlord ██████████            | \$1,816.00 |
| 63 | 1 month | ██████████ April 2020 rent assistance – paid to mortgage holder ██████████     | \$1,518.48 |
| 64 | 1 month | ██████████ April 2020 rent assistance – paid to landlord ██████████            | \$940.00   |
| 65 | 1 month | ██████████ May 2020 rent assistance – paid to landlord ██████████              | \$1,315.00 |

|    |         |   |            |
|----|---------|---|------------|
| 66 | 1 month | [REDACTED] rent assistance – paid to landlord [REDACTED]            | \$535.00   |
| 67 | 1 month | [REDACTED] April 2020 rent assistance – paid to landlord [REDACTED] | \$1,300.00 |
| 68 | 1 month | [REDACTED] May 2020 rent assistance – paid to landlord [REDACTED]   | \$875.00   |
| 69 | 1 month | [REDACTED] May 2020 rent assistance – paid to landlord              | \$1,700.00 |
| 70 | 1 month | [REDACTED] May 2020 rent assistance – paid to landlord [REDACTED]   | \$940.00   |
| 71 | 1 month | [REDACTED] May 2020 rent assistance – paid to landlord [REDACTED]   | \$1,543.96 |
| 72 | 1 month | [REDACTED] May 2020 rent assistance – paid to landlord [REDACTED]   | \$1,350.00 |
| 73 | 1 month | [REDACTED] May 2020 rent assistance – paid to landlord [REDACTED]   | \$1,147.82 |
| 74 | 1 month | [REDACTED] May 2020 rent assistance – paid to landlord [REDACTED]   | \$1,400.00 |
| 75 | 1 month | [REDACTED] June 2020 rent assistance – paid to landlord [REDACTED]  | \$1,340.75 |
| 76 | 1 month | [REDACTED] June 2020 rent assistance – paid to landlord [REDACTED]  | \$1,005.00 |
| 77 | 1 month | [REDACTED] April 2020 rent assistance – paid to landlord [REDACTED] | \$869.00   |
| 78 | 1 month | [REDACTED] May 2020 rent assistance – paid to mortgage holder       | \$1,826.77 |
| 79 | 1 month | [REDACTED] June 2020 rent assistance- paid to landlord [REDACTED]   | \$995.00   |
| 80 | 1 month | [REDACTED] June 2020 rent assistance – paid to landlord [REDACTED]  | \$1,105.00 |
| 81 | 1 month | [REDACTED] June 2020 rent assistance – paid to landlord [REDACTED]  | \$1,693.00 |
| 82 | 1 month | [REDACTED] June 2020 rent assistance – paid to mortgage holder      | \$1,114.17 |
| 83 | 1 month | [REDACTED] June 2020 rent assistance – paid to mortgage holder      | \$2663.82  |

**Total Reimbursement Request: \$ 136,647.97**

METROPOLITAN MINISTRIES

# Hurricane Preparedness

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Procedures and Guidelines



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## Purpose

Metropolitan Ministries is a 24/7 operation and must have procedures that address preparation for a hurricane, maximize safety for those staff and residents present during a hurricane, and bring the facility back to normal operations as quickly as possible after the storm. The following guidelines and procedures are intended to be general in nature. The behavior of these storms suggests that much about how circumstances evolve during a weather event cannot be predicted. Therefore, preparations must take into account a variety of contingencies and include flexibility to react to unfolding realities as they present themselves.

## Objectives

To provide Metropolitan Ministries staff an established procedure to use when preparing the campus and facilities for a threatening or imminent hurricane.

## Goals

1. To ensure safe, efficient operations before, during, and after a hurricane emergency.
2. To provide Ministries residents with a safe and secure environment.
3. To inform residents and staff of storm levels, and how to properly secure their areas.
4. To secure the facility, limiting personal and property damage.

## General Guidelines

1. The Hurricane Season in Florida runs from June 1 through November 30.
2. The Metropolitan Emergency Response Team, also known as MERT, is the decision making body comprised of key leaders (Planning Team, Programs, Marketing, Food Services, Essential Staff) who speak for Metropolitan Ministries during emergency operations.
3. The MERT will meet on a quarterly basis to test the procedures and work out issues within the process. If necessary, follow up meetings/drills will occur.
4. The MERT will work directly with the Hillsborough County Emergency Management Office during all phases of disaster preparedness and response.
5. All personnel will be categorized as either “Essential” or “Non-Essential” by the Department Directors.
6. Metropolitan Ministries can maximize safety and recovery time by minimizing the number of staff present during a hurricane event. Therefore, all FTE, season, VISTAs, interns, and on-call staff will be sent home as soon as campus preparations are complete. Dismissal of all non-essential personnel will be complete 48 hours prior to the estimated landfall. Note: Volunteers will be off campus 48 hours prior to estimated landfall.
7. If originally scheduled to work, all paid staff members will be given the option to be given the option to be temporarily dismissed to prepare their home for the storm. For their financial protection, the above staff members will receive their regular pay for the time missed.
8. Departments considered “Essential” will implement an alternative work schedule to smoothly transition into a safe and effective work schedule. In addition, the alternative work schedule will

allow the department to safely transition into a normal work schedule as soon as possible. Responsibility for determining schedules and staff availability will be the responsibility of the appropriate Director.

9. During campus preparation and clean up, staff may be asked to perform special duties related to the needs of the day. Unless a staff member has a disability or restriction that would bar such flexibility, it is expected that all staff members will assist in these tasks as requested.
10. Metropolitan Ministries is “home” to many residential clients. Therefore, the most crucial aspect of preparing the facility for an oncoming storm is for the on-campus and off-site residential areas. Planning and gathering of supplies for hurricane events the ongoing responsibility of Operations and Programs teams. In the event that supplies or human resources are unexpectedly limited prior to a hurricane, the residents will have priority for the resources.
11. All department will maintain an accurate phone list for all paid staff, VISTA, interns, and volunteers.
12. Metropolitan Ministries, Tampa Campus, is not in a designated evacuation zone. However, after a State of Emergency is declared, an evacuation can be ordered by the State of Florida Governor or Mayor of the City of Tampa.
13. Metropolitan Ministries, Pasco Campus, is in Evacuation Zone B. Upon issuance of an Emergency Evacuation Order by the Pasco County Emergency Management Office, or recommendation of the MERT, residents will be relocated to the Tampa Campus for the duration of the storm. If conditions prevent relocation to the Tampa Campus, residents will be evacuated to the appropriate Pasco County Emergency Shelter. Note: When evacuated, the first option will always be relocation to the Tampa Campus. If a resident declines relocation to the Tampa Campus or shelter, a waiver releasing Metropolitan Ministries from liability must be signed and accompanied by an Incident Report.
14. While strongly discouraged to leave under dangerous weather conditions, residents, staff, and volunteers are liberty to leave on their own. Metropolitan Ministries will not force people to stay against their will.
15. Metropolitan Ministries is not a designated storm shelter. However, we will not deny shelter to people in need.
16. We will not be responding to media inquiries during a hurricane. A general statement for the media will be prepared and given to the on-duty essential personnel; this statement will be the only statement until after the storm passes. The Vice President of Marketing will be the main point of contact to the communications staff for use in messaging to the media.
17. The Metropolitan Ministries Emergency Operations Center (EOC) will be located in the Welcome Center large conference room. The EOC will have at least one telephone not wired to the Metropolitan Ministries system. Also, handheld radios and master keys will be placed in the EOC 48 hours prior to estimated landfall.
18. In the event that flooding or other hazards make Hope Hall and/or Uplift hall uninhabitable, all residents will be moved to the second floor of the 2301 building or the gymnasium as appropriate. At least one member of the on-duty Program staff will then relocate to the second floor 2301 or the gymnasium.
19. A major hurricane will impact all local utilities and means of communication. To minimize danger and distress, Metropolitan Ministries will be proactive in powering down the facility. In case of power or communication failure, use local radio for information.

20. Each department director is expected to have a home/cell phone call down list for employees and an approved hurricane preparation plan, which includes a list of needed supplies, responsibilities within the team, and written procedures for special circumstances that may be relevant to each area. Each department has an assigned custodian of the hurricane kit. Supplies that are not hurricane specific (flashlights, first aid kits, etc.) should be on hand and inspected quarterly.
21. Information Technology has full back ups of all data and technology systems going back one year. It is not necessary for staff to concern themselves with data system integrity beyond their usual procedures. See Appendix

## Personnel Assignments and Duties

See Appendix O for telephone listing of MERT personnel.

## Mitigation Phase

1. Each May, the MERT will work with department leaders to ensure personnel are educated and aware of the supplies needed for the Hurricane Season.
2. Prior to June 1, each offsite residential client will receive a hurricane kit, which will consist of basic non-perishable supplies. Prior to May 15, the Programs Team will provide an updated list of all offsite residents to the Operations Team.
3. The following staff members and committees will be responsible for the following actions during the Mitigation Phase.
  - a. Risk & Compliance Manager: Video tape the entire campus, both inside and out, buildings and grounds, for insurance purposes.
  - b. Facilities: Identify and correct safety hazards, as well as activate and test all emergency equipment, lights, and radios; additionally, they will activate, test, and ensure availability of all emergency equipment. Throughout the Mitigation Phase, they will inspect and clean all roof drains, downspouts, and road/parking lot drains.
  - c. Human Resources: Review home, office, and cell phone list accuracy. Maintain accurate and current staff accountability list.
  - d. Residential Services: Maintain accurate and current resident accountability list/census.
  - e. Logistics: Inspect and restock emergency supplies. (See Appendix F)
  - f. Information Technology: Test communication devices and servers. Prepare and inspect server room. (See Appendix N)
  - g. Kitchen: Maintain proper inventory of food and water for all residents.
  - h. All Department Directors: Notify Operations of needed supplies for Hurricane Preparedness Kit and make arrangements for pick up. All Hurricane Preparedness Kits should be complete no later than 2 weeks prior to June 1.

## Preparation Phase

### Hurricane Preparation (Level 1)

Definition: A tropical storm strength system or hurricane strength storm is approaching the Bay area and expected to make landfall in 72-120 hours.

1. The MERT will meet twice daily for storm for updates and to plan for appropriate response.

2. Staff members identified as “Essential Personnel” will notify supervisors on work availability during the storm.
3. All staff members will notify supervisors of personal hurricane plans.
4. The Extended Leadership team will make prior arrangements to allow full-time staff members to be temporarily dismissed to prepare their homes for the storm while on duty. All staff members will report their supervisor prior to the end of the day or as previously scheduled.
5. The Food Services team will order ice to ensure delivery prior to the storm.
6. Directors of Operations and IT will establish an Emergency Operations Center for campus personnel to disseminate information essential to the safety and general welfare of staff and residents, to provide a central site from which to administer recovery functions, and to supervise a volunteer bank.
7. Environmental Services will ensure dumpsters are available.
8. Facilities will procure sandbags.
9. CIS will be scheduled for 24 hour coverage starting 24 hours prior to landfall.
10. The CLA team will conduct meeting with the residents to keep them informed of the preparations and the plans for the storm response.
11. Information will be provided to all offsite residents about the disaster kits and food provided by Metropolitan Ministries.
12. Logistics personnel will fuel all vehicles. With the exception of the vehicles assigned to the Pasco Campus, all of the vehicles will be parked at the Welcome Center parking lot to minimize damage. All keys will remain with the MERT.

### Hurricane Preparation (Level 2)

Definition: A hurricane strength storm is approaching the Bay area and is expected to make landfall in 48-72 hours.

1. The MERT will notify the staff to immediately review their area’s hurricane procedures to ensure that all needed supplies are available and phone lists are current. If Level 2 occurs on a Friday, staff will leave their work area prepared for hurricane landfall.
2. Department Directors will review hurricane procedures with their respective department.
3. Department Directors will print the department phone list and any information essential for the department.
4. The Logistics team will deliver food and water to the main campus. All food and water will be easily accessible. In addition, they will deliver diapers, baby food, and hygiene products. Air mattresses and cots will be delivered and set up.
5. The MERT Incident Commander, or designated representative, will establish communication with the Hillsborough County Emergency Management Office.
6. The Vice President of Marketing will prepare statement to be shared with the media.
7. Maintenance team will test all emergency lighting and related systems.
8. Department Directors will review and approve all work assignments for essential personnel who will be working during the storm.
9. All essential personnel will be given the option to be temporarily dismissed to prepare their home for the hurricane and complete last minute preparations. Note: Staff should have made all necessary preparations during Level 1.
10. IT team will complete a full data system backup.

11. Education team will establish entertainment and education plans for children.
12. CLA team will continue to update residents with the latest information regarding preparations and news concerning the storm.
13. Disaster kits and food will be delivered to the offsite residents who cannot retrieve it from the Tampa Campus.
14. The Facilities team will establish cell phone charging stations for use by essential personnel and MERT members. These stations are not for open use.

## Response Phase

### Hurricane Watch (Level 3)

Definition: A hurricane strength storm is expected to make landfall in the bay area in 24-48 hours.

1. The MERT will consult with HCEM for storm update and disseminate information to staff via email, phone, and/or CICADa.
2. Under the direction of the MERT, all staff work areas must be secured and staff will be deployed for hurricane preparations in other areas of the Ministry.
3. The offsite meals will end 48 hours prior to hurricane landfall.
4. The Maintenance team will position sandbags at exterior doorways.
5. CLA team will notify residents of hurricane information and procedures.
6. All hotel families will receive vouchers and meals for the length of stay.
7. All offsite properties will be secured and families alerted.
8. The Food Services team will make preparations for resident food.
9. The Facilities team will fill barrels with non-potable water and place in Hope/Uplift Hall and alternate locations.
10. All exterior doors will be secured.
11. If the MERT calls for evacuation, then all on-campus residents and off-site residents will be transported to a designated shelter by compliance approved staff drivers. If evacuated, the Pasco Campus residents will be transported to the Tampa Campus for the duration for the storm. (See Appendix B) Note: If evacuation of a building occurs, make certain that all main electrical switches are disconnected prior to leaving.
12. All staff members who are designated as "Essential Staff" will report to their work area.
13. All staff members who live in evacuation zones or rely on public transportation will be temporarily dismissed to go home and prepare their home to evacuate. Prior arrangements must be made through their supervisor.
14. At the discretion of the Chief Programs Officer, Promise Land and after care will close.
15. If necessary, the Education team will offer after care for children whose parents are working or are needed to assist with preparations.
16. At the direction of the MERT, Outreach and the Welcome Center will be closed.
17. The IT team will take the computer and telephone system offline.
18. The MERT will establish contact and coordination with other emergency management teams including police, fire, local hospitals, and Red Cross.
19. The Facilities staff will install window protection as appropriate. Due to limited resources, this will be prioritized by the Director of Facilities and Safety.

20. Assigned Leadership and Extended Leadership will establish a plan which involves, but is not limited to, installing sand bags and other emergency equipment (refer to Appendix B), checking air conditioning, electrical circuits, and power equipment.
21. Environmental Services personnel will pick up loose items of furniture, equipment, and other materials and properly store them in a designated safe location. Any additional loose debris, tree branches, boards, etc., which could cause damage, will be discarded or stored in a secure space. Items that cannot be moved indoors will be covered and/or tied/secured in place. Note: Storage of items must meet local, state, and federal safety regulations. At no time is it acceptable to violate government regulations.
22. Environmental Services personnel ensure that all garbage dumpster lids/doors are closed and secure.
23. Maintenance personnel will place sand bags at designated doorways of buildings and low level areas.
24. CLA and Counseling staff will notify residents of hurricane procedures and answer questions.
25. All staff members will be responsible for accomplishing the following:
  - a. Protect books, valuable papers, and equipment by covering with plastic sheeting secured with masking tape.
  - b. In case of flooding, remove all items from the floor in case of flooding or water damage.
  - c. If applicable, close and latch all windows and doors, move furniture from exterior walls as necessary.
  - d. Turn off or disconnect all electrical equipment in work areas.

Note: All Leadership and Extended Leadership must ensure adequate rest for all staff working during storm preparation and response.

#### During Hurricane (Level 4)

Definition: A hurricane strength storm is expected to make landfall in the Bay Area in 12-24 hours.

1. Essential personnel will remain in the Command Post. They will be available for response to emergency situations, if necessary.
2. The MERT will confer with HCEM and relay information to staff via email and phone list. If communication is down, the local news sources will be used.
3. All essential personnel not assigned duties will immediately complete preparations on the campus and return to their homes.
4. All Metropolitan Ministries vehicles will be moved to the Welcome Center parking lot. It is essential that all vehicles remain parked during the hurricane. Under no circumstance will Metropolitan Ministries vehicles be used during the hurricane.
5. The Welcome Center large conference room will become the official Emergency Operations Center Command Post. The alternate EOC Command Post will be the Building 2301 Conference Room.
6. After the last meal is served, the kitchen staff will fill all receptacles with potable water.
7. Food services staff will make all necessary preparation for utility shut down. This includes, but not limited to, coolers sealed and ice placed in cambros for medicines and baby formula. The walk-in floor will need to be prepared for defrost to keep safe from slipping.
8. With the exception of emergencies, all residents will be asked to remain in their room.

9. All emergencies will be reported to the on-duty CIS officer. If the emergency requires assistance, the CLA or CIS will call 911. Note: When the weather conditions are too dangerous, the emergency services will not respond to 911 calls. This notification will come from the City of Tampa. The MERT will notify the on-duty CIS officer.
10. In the case of flood conditions or other danger in living areas, Hope Hall residents will be moved to the 2<sup>nd</sup> floor of the 2301 building or evacuated, if necessary. Uplift Hall residents will remain on the 2<sup>nd</sup> and 3<sup>rd</sup> floor family room. CLAs will be stationed in the 2<sup>nd</sup> floor family room.
11. As conditions allow, meals will be distributed and residents checked. Accountability roll sheets will be utilized to maintain proper accountability for residents.
12. Essential personnel and MERT members will ensure that cell phone charging stations will be available during the recovery phase.
13. The on-duty CIS officer will conduct a safety and security walk through of the living facilities every at least every 2 hours.

## Recovery Phase

### Post Disaster (Level 5)

Definition: The government officials have determined that travel within Hillsborough County is safe.

1. The MERT will confer with local authorities. Utilizing email and the phone list, the MERT will contact Extended Leadership.
2. Upon notification, Extended Leadership will implement Recovery Phase employee schedule to relieve the on-duty essential personnel. Note: The schedule should have been planned and completed during Level 1 of the hurricane preparation.
3. The Operations department will check for damage to offsite properties.
4. As soon as the conditions are safe and the offsite properties are assessed to be damage free, residents will be released to return home. The Director of Facilities and Safety will conduct an assessment of the property damage and cleanup assessment. Work will be assigned to different departments by the Director of Facilities and Safety. Department leaders will advise staff of their assigned duties to help clean up debris from the properties. All physically able staff members are directed to return to work dressed to assist with clean-up activities.
5. The Marketing and Communications team will prepare revised media statements.
6. IT will restore all services powered down during the Preparation Phase.
7. As conditions all, services and operations will be restored.
8. The MERT will determine when Metropolitan Ministries will re-open for normal operations.
9. The Risk & Compliance Manager will videotape the entire campus property and buildings for insurance purposes. The exterior and interior of the buildings will be recorded.
10. All Department Directors will ensure that an inspection of their area is conducted. All damage and problems will be promptly reported to the Facilities and Maintenance Department through the HIPPO system. If the system is not available, the damage and required repairs will be reported to the Director of Facilities and Safety via writing.
11. Department Directors will provide a list of all on-site staff members to Human Resources.
12. Environmental Services personnel will escort cleanup teams and assist in the projects.
13. While conducting cleanup duties, the teams will report damage to the Director of Facilities and Safety. In addition, they will request photo records throughout the initial Recovery phase.

14. If determined safe, Pasco residents will be transported back to the Pasco Campus. Note: Because of the location the Pasco Campus is located in Evacuation Zone B. Pasco County officials must give approval for the return of residents to the impacted evacuation zones.
15. In conjunction with Operations, In-Kind Donations will work to receipt and manage donations for relief.
16. The Outreach department will offer limited services to the community. Services and distribution will be determined upon assessment of damage and conditions. Additionally, available resources will be considered when determining available Outreach services and distribution.

### Resume Normal Operations (Level 6)

Definition: All major systems and services are operational.

1. The MERT will provide an after-action report on the emergency operation.
2. The MERT will debrief with key staff.
3. Once all major systems and services have been declared safe and operational, staff will return to normal operations.
4. All departments will return to normal operations and work assignments.
5. The Food Services department will resume onsite cooked meals.
6. The Meal Site Partners program will resume normal operations.
7. The Marketing and Communications Department will provide media release statements as appropriate.

## Appendix

### Appendix A: Communication Guidelines

1. Each department leader will maintain an accurate and current phone call list for use during hurricane and other emergencies. CICAIDa will also be used to notify members via text messaging. When the EOC is activated, the MERT will have access to all department phone call list documents.
2. During EOC activation, the MERT will designate a single point of contact for all incoming and outgoing communication.
3. Rechargeable handheld radios will be staged in the EOC 48 hours prior to the estimated landfall.
4. In preparation for a possible extended power outage, MERT members will attempt to keep their Metropolitan Ministries cell phones fully charged through the durations of the storm. Facilities will provide a cell phone charging station for use during the hurricane.
5. In an effort to help keep local communication lines open, non-emergency cell phone usage will be discouraged.
6. CLAs will be responsible to contact and communicate with all on-campus Residents.
7. Case Managers will be responsible for maintaining communication with offsite housing clients.

## Appendix B: Transportation Plan

1. Vehicle Location
  - a. All of Metropolitan Ministries' vehicles will be parked in front of the Welcome Center 72 hours prior to the estimated landfall in the Tampa Bay area.
  - b. Upon advisement from government officials, all vehicles will remain parked through the duration of the storm.
  - c. Until local government authorities declare driving conditions safe, Metropolitan Ministries will not be utilized during storm conditions. The Incident Commander will make the decision to lockdown vehicle movement based on government authorities.
2. Keys
  - a. All vehicle keys will be kept under the direction of a MERT representative in Emergency Operations Center.
3. Evacuations/Tampa
  - a. Upon receiving evacuation orders from government officials, or the MERT, all of Metropolitan Ministries' passenger vehicles will be utilized to transport residents to local county shelters.
  - b. Only approved routes will be utilized to transport residents to local county shelters.
  - c. Because space is limited in the vehicles and the shelters, personal belongings will not be permitted in the vehicles.
  - d. In addition to utilizing organization vehicles, Metropolitan Ministries will hire a private bus to transport residents to area shelters.
  - e. Special attention will be given to ensure that the needs of special needs residents are met.
4. Evacuations/Pasco
  - a. When evacuation is determined by government officials or the MERT, residents will be transported to the Tampa campus.
  - b. If a resident refuses to relocate to the Tampa campus, the resident will be encouraged to go to a local shelter.
  - c. All of Metropolitan Ministries' passenger vehicles will be utilized to transport residents from the Pasco campus to the Tampa campus.
5. Preferred Vendors
  - a. Yellow Tail – (727) 580-4690
  - b. Destiny – (727) 580-2901
  - c. Nemo – (813) 802-9878

## Appendix C: Waiver Release of Liability

### WAIVER and RELEASE OF LIABILITY

In consideration of the risk of injury while participating in the departure from the Metropolitan Ministries Inc's facility/premises during a storm/hurricane ("the Activity"), I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my decision to depart the premises, and do hereby release and forever discharge Metropolitan Ministries Inc, located at 2002 N Florida Avenue, Tampa Florida 33602, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my decision to participate in the aforementioned activity, including traveling to and from said location.

**I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH THE TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL, OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATIONS(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN AND/OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY.**

I agree to indemnify and hold harmless Metropolitan Ministries Inc against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If Metropolitan Ministries Inc incurs any of these types of expenses, I agree to reimburse Metropolitan Ministries Inc.

I acknowledge that Metropolitan Ministries Inc and their directors, officers, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Metropolitan Ministries Inc.

**I ACKNOWLEDGE THAT THIS ACTIVITY MAY INVOLVE A TEST OF A PERSON'S PHYSICAL AND MENTAL LIMITS AND MAY CARRY WITH IT THE POTENTIAL FOR DEATH, SERIOUS INJURY, AND PROPERTY LOSS.** The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors and/or producers of the event.

**I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE METROPOLITAN MINISTRIES INC AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO COLUNTATILY GIVE UP**

**OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST METROPOLITAN MINISTRIES INC FOR PERSONAL INJURY OR PROPERTY DAMAGE.**

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Metropolitan Ministries Inc, its agents, and employees.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

This Agreement was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both, the participant, \_\_\_\_\_, and Metropolitan Ministries Inc agree that this Agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted to alter or explain the terms of this Agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

In the event of an emergency, please contact the following person(s) in the order presented:

| <u>Emergency Contact</u> | <u>Contact Relationship</u> | <u>Contact Telephone</u> |
|--------------------------|-----------------------------|--------------------------|
| _____                    | _____                       | _____                    |
| _____                    | _____                       | _____                    |

I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it on my own free will.

**WAIVER and RELEASE OF LIABILITY**

**SIGNATURE PAGE**

**Participant's Name (print):** \_\_\_\_\_

**Participant's Address:** \_\_\_\_\_

**Room #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PARENT / GUARDIAN WAIVER FOR MINORS**

In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent, parent with a current babysitting contact or guardian as follows:

**I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.**

**Parent/Guardian Name (print):** \_\_\_\_\_

**Relationship to Minor:** \_\_\_\_\_

**Room #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Appendix D: Local Hospitals

### List of Hospitals in Hurricane Evacuation Zones by Level

|                                      | Evacuation Level |
|--------------------------------------|------------------|
| 1. Evacuating Hospitals              |                  |
| a. Tampa General Hospital            | A                |
| b. Tampa Community Hospital          | B                |
| c. Kindred Hospital – Bay Area       | B                |
| d. Memorial Hospital                 | D                |
| 2. Non-Evacuating Hospitals          |                  |
| a. Brandon Regional Hospital         |                  |
| b. South Bay Hospital                |                  |
| c. St. Joseph’s Hospital             |                  |
| d. St. Joseph’s Hospital North       |                  |
| e. St. Joseph’s Hospital South       |                  |
| f. H. Lee Moffitt Cancer Center      |                  |
| g. James A. Haley Veteran’s Hospital |                  |
| h. Shriners’ Hospital for Children   |                  |
| i. South Florida Baptist Hospital    |                  |
| j. Kindred Central Hospital          |                  |
| k. Florida Hospital Tampa            |                  |
| l. Florida Hospital Carrollwood      |                  |

**Note: While some hospitals are not in evacuation zones, the roads leading to the hospital may be impassable due to flooding or debris.**

## Appendix E: CLA Checklist for Relocation to YEC

- Water
- Food/Snacks/Formula
- Linens/Blankets/Pillows
- Medications
- Census (Hope Hall)
- Census (Uplift Hall)
- Census (Pasco)
- Garbage Bags
- Garbage Cans
- Toiletries
- Cots/Mats
- Cribs
- Pack-N-Play
- Games (Board/Cards/Coloring Supplies)
- Two-way Radios (6)
- Weather Radios (6)
- Flash Lights
- Lanterns
- Batteries (Various Sizes)
- Hurricane Supply Kits
- Clipboards
- Pens
- Sign-in sheets
- Blank Paper (1 Ream)
- Charging station if generator is onsite

## Appendix F: Logistics

### **Preparation Level One:**

- Complete Inventory of food (Canned meat, soup, peanut butter, jelly, fruit cups)
- Inventory Family Care Center supplies (Diapers, formula, baby food)
- Check water supply
- Check air mattresses

### **Preparation Level Two:**

- Build food boxes
- Gather plywood and sandbags (Campus and warehouse)
- Remove items from the floor
- Fill generator with fuel
- Deliver supplies to Pasco Campus (Water, generators, blankets, air mattresses)

### **Response Level Three:**

- Prepare warehouse (Plywood on windows)
- Sandbags on ground level doors
- Disconnect all computers
- Deliver supplies, water, generators, blankets, air mattresses, food boxes, and barrels
- Refuel all vehicles assigned to the warehouse

### **Response Level Four:**

- Assist the campus team with preparations (See Director of Facilities and Safety)
- Release team after campus is prepared

### **Recovery Level Five:**

- Remove plywood from windows and sandbags from doors (Warehouse)
- Reconnect computers
- Replenish supplies on campus
- Help assist campus with recovery (See Director of Facilities and Safety)

## Appendix G: Outreach

### Preparation Level One

- Order from warehouse (P/H)
  - Food Boxes
  - MREs
  - Baby Supplies
  - Blankets
- Order from Thrift Store (H)
  - Clothing
- Update Outreach staff personal contact sheet (P/H)
- Outreach Managers/Supervisors prepare personal items and homes (P/H)

### Preparation Level Two:

- Accept delivery of warehouse order (P/H)
- Display shelter locations and print handouts (P/H)
- Have shelter information on phones (P/H)
- Locate and make Hurricane Box available (P/H)
- Last Meal Sites served (P/H)
- Outreach managers swap and Outreach support staff can prepare personal items and homes (P/H)

### Response Level Three:

- Bring all items from Morgan's Park inside (H)
- IT protocol for computers and electronics (P/H)

### Response Level Four:

- Outreach management call

### Recovery Level Five:

- Safety wall all outreach facilities (P/H)
- Clean debris from Morgan's Park (H)
- When approved by MERT, stage volunteers and available staff to offer immediate assistance (P/H)
  - Food Boxes

- Cases of Water
- MRE Meals
- Baby Supplies
- Charging Stations
- Clothing
- Resume full operations
  - Power Restored
  - MERT Approval

## Appendix H: Case Management

### Preparation Level 1:

- All CM staff report personal hurricane plan
- Determine which staff are available at level
- Develop and communicate full schedule of staff coverage and provide to MERT
- Communicate with community clients of hurricane preparedness and ensure emergency contacts are in client file
- Communicate any delays or closures to families
- Determine evacuation plan for Pasco residents

### Preparation Level Two:

- Prepare emergency boxes for offsite clients and deliver to residents
- Ensure community clients have needed hurricane supplies
- Communicate emergency shelter resources to the community clients and offsite clients
- Staff that will be on campus for the storm will return home for final preparation
- Set aside prep supplies for buildings
- Verify phone list

### Response Level Three:

- Prep all office spaces including Brandon office
- Deliver any last supplies to offsite clients
- Communicate with offsite and community clients of evacuation locations to ensure safety
- Communicate all info through staff phone lists
- Transport Pasco Campus to Tampa (MERT direction)

### Response Level Four:

- All staff that will be on campus for storm must ensure personal home is prepared
- Final staffing of coverage reported to MERT
- Assist in settling Pasco families
- Assist CLA with final prep

### Recovery Level Five:

- Bring designated staff back to campus
- Clean up offices
- Ensure offsite and community clients are safe
- Assess needs of clients
- Assess staff readiness to return
- Resume normal operations

## Appendix I: Education

### **Preparation Level One:**

- All Education staff report personal hurricane plans
- Determine which staff are available at each level
- Develop and communicate full schedule of staff coverage and communicate to MERT
- Monitor Head Start and SDHC and Pasco schools closure plans
- Prepare children's activities kits if needed
- CREATE team to lead activities for kids with strategies for self-care and emotion regulation during storm
- CREATE team provide parents with information on what to do with kids before, during, and after storm
- Determine which classrooms maybe used as evacuation spaces

### **Preparation Level Two:**

- Verify all supplies to prep classrooms and offices are ready
- Double check phone lists
- Communicate to any temps
- Activity kits to CLA team
- Staff who will be working during the storm will be sent home for final preparations
- Prepare all classrooms to be used as evacuation spaces

### **Response Level Three:**

- Prepare all classrooms and office spaces
- Verify with MERT if and when classrooms will be used as evacuation spaces
- Coordinate moving all cots with maintenance as needed for evacuation sleeping
- Coordinate facilities preparation with maintenance team (Sandbagging etc)
- Verify and communicate all closures to licensing, school readiness, and to parents
- Communicate all information through staff phone lists

### **Response Level Four:**

- All Education programs and areas secured

### **Recovery Level Five:**

- Monitor SDHC, Pasco Schools, and Head Start openings
- Coordinate programs openings SDHC, Pasco Schools, and Head Start
- Communicate openings with parents, licensing, and school readiness
- Bring designated staff back on campus
  - Activities for children
  - Clean up and prep of classroom areas and offices
- Resume normal operations
- Determine if staff still need to be out and coordinate temps as needed

## Appendix J: Spiritual Formation

### **Preparations Level One:**

- Write devotions, copy, and create email list of staff interested in receiving
- Contact partner organization for crisis support
- Prepare for recover support, including self-care stations, grief and trauma processing
  - Box all supplies and instructions for self-care stations and secure on both campuses
- Locate hurricane supply kit for department

### **Preparations Level Two:**

- Support teams and clients by visiting departments and individuals
- Plan and offer prayer services for both campuses
- Evaluate officers, chapel, and prayer room to determine what needs to be moved or covered for protection

### **Response Level Three:**

- Confirm crisis support plan and contact information
- Elevate/protect supplies in offices, Chapel, and supply closet
- Email devotions to staff list

### **Response Level Four:**

- Distribute paper copies of devotions
- Distribute contact information and protocol for crisis support to CLAs and emergency staff team
- Cover and unplug computers

### **Recovery Level Five:**

- Assess any damage to department and report to Compliance and Facilities
- Return offices, Chapel, and supply closet to regular set up
- Set up self-care stations on both campuses using supplies and instructions assembled before storm
- Ensure that staff and clients receive grief and crisis support

## Appendix K: Residential Services

### Preparations Level One:

- All staff report personal hurricane plans
- Determine which staff are available at each level
  - Create and communicate full schedule to staff and MERT
- Determine which families will stay on campus
  - Gather contact information for families leaving campus (Liability waiver needs to completed)
- Create list of available rooms and beds
- All staff begin personal preparations

### Preparations Level Two:

- Departmental hurricane procedure review with team
- Ensure phone lists are current
- Ready hurricane kits and supplies to prep offices, family rooms, and common areas
- Communicate with Operations for needed bedding materials (Mats, cots, blankets, and pillows), water, snacks, diapers, wipes, formula, and plastic wrap
- All staff complete person preparations
- Update family hurricane status and actions

### Response Level Three:

- Prepare all office spaces, family rooms, and group rooms
  - Unplug electronics
  - Remove all items from lower level floors
  - Remove all items from windows
- Communicate update with families and issue hurricane supplies
- Stock common areas with leak supplies (Mops, mop buckets, wet floor signs, squeegees, and dry packs)

### Response Level Four:

- Release all non-storm staff
- Ensure all areas and personnel are safe, secure, and accounted
- Continued communication, security, and support of families

**Recovery Level Five:**

- Communicate with staff about current conditions and course of action
- Communicate with families that left campus about the conditions and course of action
- Communicate with on-campus families about current conditions and course of action
- Assist families with normalization
- Clean up of residential area and return of supplies and hurricane kit items
- Reassemble offices
- Account for all families upon return
- Assume normal operations of programs
- Continued communication and support of families as needed

## Appendix L: Kitchen

### **Preparations Level One:**

- Inventory food
  - Freezer
  - Walk-in
  - Dry goods
- Inventory paper products
- Check water supply at warehouse
- Fill both propane tanks

### **Preparations Level Two:**

- Place initial food orders to have enough cold food for 3 days and dry food for 7 days
- Order ice for both freezers (2500 lbs)
- Fill up diesel containers for refrigeration trucks

### **Response Level Three:**

- Stop partner site feedings (Offer ready to eat products if available)
- Receive ordered foods and ice
- Pasco kitchen staff to prepare for pickup of walk-in and freezer products
- Move dining room furniture and buffet to back kitchen
- Send refrigerated truck to Pasco to pick up refrigerated and frozen foods to store in Tampa
- Receive delivery of warehouse supplies, water, and generators

### **Response Level Four:**

- Prepare cold food trays for residents and staff
- Set up lighting, fans, and generators in kitchen
- Send staffing home, with the exception of those predetermined to stay

### **Recovery Level Five:**

- Access kitchen capabilities and food availability
- Feeding plan for residents/staff
- Feeding clients coming to outreach

- Reopening of partner site program
- Special feeding to highly impacted areas throughout Tampa Bay
- Contact staff to determine availability to return and schedule accordingly
- Replenish supplies on Pasco campus (When necessary)

## Appendix M: Facilities

**METROMIN TAMPA COORDINATES: Latitude: 27.963896 | Longitude: -82.460156**

**METROMIN PASCO COORDINATES: Latitude: 28.205829 | Longitude: -82.738913**

In general, preparations will be made on a graduated response appropriate to the forecast track and timing made public by the National Weather Service. Based on that information Facilities Management will respond in four levels.

NOAA weather shall be monitored continuously throughout the period. Throughout the emergency condition:

### Preparations Level 1:

- Alert all essential personnel pertaining to Facilities.
- Assemble tools and equipment:
  - Chain saw
  - Hand tools
  - Flashlights & batteries
  - Gasoline (vehicles & saws)
  - Walkie-Talkies
  - First Aid equipment
  - Shovels
  - Rain gear & boots
  - Sand & sandbags
  - Tarps and poly rolls
  - Radios (portable)
  - Files for sharpening chain saws

**Note:** *Designated members will be responsible for assembling the above items that fall within their normal areas of responsibility.*

- Assemble all portable generators and sump pumps at 2009.
- Order sand for sandbags if necessary. (Note: Should be accomplished at end of Tent season.) Purchase sandbags if necessary.
- Clear roof drains on flat-roofed buildings
- Remove/secure loose items on roofs

- Clean storm drains throughout the campus
- Notify Department Chairs and Senior Managers to activate their Departmental call tree and notify their staff of the pending storm
- Disconnect and move equipment indoors
- Arrange emergency generators for Kitchen, Hope Hall, and Uplift Hall
- Notify Senior Leadership and MERT of plans
- Call Solid Waste/Recycling Vendors to have all dumpsters, compactors and roll offs emptied including dumpster in Warehouse
- Procure additional fuel for propane powered fork trucks
- Given potential storm surge forecast, evaluate coordinated and timely relocation of telecommunication equipment on the 1<sup>st</sup> Floor of Outreach

**Preparations Level 2:**

- Have Departments notify all personnel of condition and request securing/stowing their equipment on higher ground.
- Fuel all Metro Min vehicles.
- Remove all exterior propane cylinders to interior of 2009 building.
- Remove door awnings at Hope Hall Courtyard.
- Remove awnings in playground behind Promise Land
- Planning note: It is critical to have the 2009 Building open during all hours of storm preparation once LEVEL 2 actions are initiated!
- Remove/secure all loose items on outside of all buildings.
- Empty all recycle bins and secure inside buildings.
- Close and secure windows in all buildings.

**Response Level Three:**

- Fill /stage sandbags throughout campus.
- Board doors if necessary.
- Ensure alternate potable water supply.
- Gather communication radios for use by Facilities team.
- Secure following:

- Warehouse and Thrift Store high and low bay roll up doors (Secure every 6-8 ft).
- Remove/secure all loose items on outside of all buildings.
- Arrange to photograph building exteriors including equipment that may be vulnerable to storm surge.
- Arrange for emergency spending procedures (cash).

**Response Level 4:**

- Shut off natural gas at service entrance to Kitchen.
- Move Metro Min vehicles to the Welcome Center parking lot (No Trees).
- Secure all elevators on the top floor. Close and secure oil control valves.
- Power down all AC units for all buildings.
- Pull main electrical disconnects to all buildings.
- The Director of Facilities will monitor Tampa and Pasco TV stations for current weather conditions.
- CIS will supply one person to guard the property during the storm.
- All personal vehicles must be removed from the following parking lots:
  - 2410
  - Thrift Store
  - 2001/2009

**Recovery Level Five:**

- Perform re-occupancy survey to determine if storm damage prevents occupying buildings due to non-functioning building systems, mold or other factors.
- Request all Departments perform an assets condition assessment and submit a status report with a prioritized list of critical assets needing restoration.
- Provide status report of building conditions and related assets.
- If you can render assistance to Facilities, call extension 1244 and leave your name & extension.
- Report damage (yours or other observed problems by calling extension 1244).
- The facilities crew needs to drain gasoline/fuel oil from all portable pumps/generators prior to putting such items back in storage.
- Facilities personnel are responsible for returning all hurricane gear back in the designated warehouse space (2009).
- Facilities personnel shall return all door barricade boards and window covers to the designated storage location. (Window covers should have building name & specific location stenciled on them).

## Appendix N: IT

### **Before vacating the facility:**

- Each staff member place all electronic equipment (CPU, monitor, keyboard, mouse, telephone, calculators, etc.) unplugged in tied plastic bags on top of his/her desk.
- For exterior facing offices with windows, computers are to be removed from said office and placed in common interior location with no windows and placed in tied plastic bags on top of desks.
- Doors in exterior facing offices with windows closed and secured.
- The current daily set of offsite backups is identified and collected by Information Technology staff.
- Database applications in production are stopped and full backup is completed to collect most recent system states.
- Once all users are logged off the servers and disaster is imminent, the servers are powered down in reverse order of the recovery plan thus leaving the most critical systems available as long as possible.
- As a system is taken down, it is unplugged and covered with plastic.
- Once all servers, switches, and uninterruptable power supplies are down and protected, the server rooms are locked and secured.

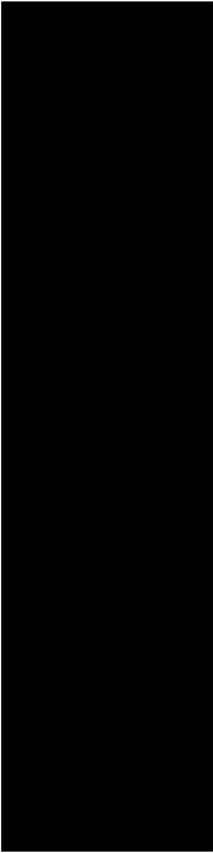
### **Post Event**

- All server and network infrastructure hardware to be powered and brought online. Administrators are to assess any damage and if necessary replacement parts and or equipment hardware is to be acquired from the appropriate vendor.
- Once infrastructure is online and attempt to bring the main campus telephone system online is to have next priority, effectively reestablishing voice capabilities for emergency communications. Information Technology staff would work with PRI provider (Windstream) and service maintenance vendor (Avatel) to make sure equipment and service are available to all parts of the ministries.
- Recovery of any data or systems would follow. Once the local area network infrastructure has been brought online the IT Infrastructure staff will begin if needed the restoration of the application server environment. First the production SQL server and up to date database files are to be online and verified for data integrity. Secondly, dependent critical Donor and Financial systems are to be brought online consisting of Blackbaud Raisers Edge, Blackbaud Financial Edge and AQ2.
- Once Internet Service Providers (Frontier FiOS & Spectrum \ Bright House Networks) are fully functional and tested the remaining network systems are to be restored and placed into production. (These services only provide internet connectivity and have no effect on local area network connectivity.)
- Electronic messaging system Microsoft 365 Exchange. If broadband or cellular services are present during or after a disaster event a user will be able to send and receive email dialog. The messaging system is non-dependent upon physical business location being online either with power or ISP services as email is available remotely via cellular or broadband services from the users' residence. This system is host

provider dependent thus if the provider's infrastructure is affected by a natural disaster it could prolong the time in which email services are available.

Environmental/Security systems are finally restored. If existing infrastructure hardware has not been damaged all servers would be brought online in the production state preceding the emergency event and evacuation of facilities. If after assessment infrastructure hardware is damaged replacement hardware would be identified from offsite locations and relocated to main datacenter at which time data would be restored from most recent backups preceding disaster.

## Appendix O: MERT Members

| <b>Title</b>                            | <b>Name</b>    | <b>Incident Command Position</b> | <b>Cell</b>  |
|---|----------------|----------------------------------|--|
| President/CEO                           | Tim Marks      | Incident Commander Ex Officio    |  |
| Chief Financial Officer                 | Amy Kern       | Financial                        |  |
| Chief Programs Officer                  | Christine Long | Programs/Residential/Clinical    |  |
| Vice President of Human Resources       | Keri Thatcher  | Human Resources                  |  |
| Vice President of Food Svcs/Social Ent. | Cliff Barsi    | Food/Kitchen Resources           |  |
| Vice President of Marketing             | Justine Burke  | Communication/Public Relation    |  |
| Vice President of Case Management       | Karrie Roller  | Client Case Management           |  |
| Vice President of Education             | Jamie Meyer    | Education Programs               |  |
| Senior Director of Clinical Services    | Beth Orr       | Staff and Client Mental Health   |  |
| Senior Director of Tech and Outcomes    | Farhan Ahmed   | IT/Communication                 |  |
| Director of Residential Svcs            | David Williams | Client Care                      |  |
| Director of Facilities/Safety           | Dan Allen      | Facilities/Maintenance           |  |
| Director of Outreach and Prevention     | James Dunbar   | Outreach/Community               |  |
| Director of Spiritual Formation         | Beth Bostrom   | Spiritual Care                   |  |
| Director of Residential Svcs/Prog       | Sonya Flores   | Pasco                            |  |
| Associate Director of Property Mgt      | Scotty Young   | Security/Emergency Mgmt/IC       |  |
| Risk and Compliance Manager             | Jackie Davis   | Insurance/Risk/Liability         |  |



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/13/2020

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

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

|  |  |  |
|--|--|--|
| <b>PRODUCER</b><br>BKS Partners<br>4211 W. Boy Scout Blvd Ste 800<br>Tampa FL 33607            | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No, Ext):</b> 813-223-3911 <b>FAX (A/C, No):</b> 813-221-1857<br><b>E-MAIL ADDRESS:</b> tampacerts@bks-partners.com |  |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>   |  |
| <b>INSURED</b><br>Metropolitan Ministries, Inc.<br>2002 North Florida Avenue<br>Tampa FL 33602 | METMI-1  | <b>INSURER A :</b> Bridgefield Casualty Ins. Co. <b>NAIC #</b> 10335 |
|  |  | <b>INSURER B :</b> New Hampshire Insurance Co.      23841            |
|  |  | <b>INSURER C :</b> AmGUARD Insurance Company      42390              |
|  |  | <b>INSURER D :</b> Lexington Insurance Company      19437            |
|  |  | <b>INSURER E :</b>   |
|  |  | <b>INSURER F :</b>   |

**COVERAGES**

CERTIFICATE NUMBER: 180678546

REVISION NUMBER:

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

| INSR LTR | TYPE OF INSURANCE   | ADDL INSD | SUBR WVD | POLICY NUMBER     | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|-----------|----------|-------------------|-------------------------|-------------------------|--|
| B        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC<br>OTHER:   |           |          | C1GP100540-00     | 3/1/2020                | 3/1/2021                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 3,000,000<br>PRODUCTS - COMP/OP AGG \$ 3,000,000<br>\$ |
| C        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> \$1,000 Comp <input checked="" type="checkbox"/> \$1,000 Coll |           |          | C2GP100431-00     | 3/1/2020                | 3/1/2021                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| C        | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ \$10000  |           |          | C3GP100229-00     | 3/1/2020                | 3/1/2021                | EACH OCCURRENCE \$ 5,000,000<br>AGGREGATE \$ 5,000,000<br>\$   |
| A        | <input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           | N/A      | 0196-36969        | 6/12/2020               | 6/12/2021               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                      |
| D        | Property Policy - Special Form  |           |          | 41-LX-060367620-1 | 3/1/2020                | 3/1/2021                | Limit 4,338,000  |

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

Proof of Coverage

**CERTIFICATE HOLDER**

CANCELLATION 30 days/10 days for non payment

|   |   |
|---|---|
| Metropolitan Ministries Inc<br>2002 N Florida Avenue<br>Tampa FL 33602<br>United States | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|---|

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**Pinellas Community Foundation  
Pinellas CARES Nonprofit Partnership Fund Grant Application**

**DO NOT ADD ANY LINE ITEMS TO THIS BUDGET SUMMARY. IF YOU ARE UNSURE OF WHERE A COST BELONGS, PLEASE CONTACT PCF STAFF.**

Organization Name: Metropolitan Ministries

Project Name: COVID-19 Pinellas Relief

FROM (date): December 1, 2020 TO (date): December 31, 2020

| Budget Category/Line Item  | Program Budget - Total | Pinellas CARES Grant |
|--|------------------------|----------------------|
| Personnel <i>(salaries, wages, benefits, payroll taxes, time allocation on the project for all personnel involved in program)</i>  | \$12,425               | 0                    |
| Equipment <i>(computers, furniture, etc., less than \$3,000 per item)</i>  | 0                      | 0                    |
| Supplies <i>(office materials, program related purchases, program necessities to deliver services, etc.)</i>   | \$129,000              | \$129,000            |
| Occupancy <i>(property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses)</i>  | 0                      | 0                    |
| Local Travel <i>(mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)</i>  | \$1,522                | 0                    |
| Training <i>(staff development, conferences, long distance travel)</i>   | 0                      | 0                    |
| Design, Printing, Marketing & Postage <i>(for direct program related services only)</i>  | \$750                  | 0                    |
| Capital <i>(Buildings, vehicles, equipment \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities)</i> | 0                      | 0                    |
| Purchased Services <i>(consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements)</i>   | 0                      | 0                    |
| <b>TOTAL</b>   | <b>143697</b>          | <b>129000</b>        |

Pinellas Community Foundation  
Pinellas CARES Nonprofit Partnership Fund Application  
**BUDGET NARRATIVE FORM**

**BRIEF INSTRUCTIONAL VIDEO – CLICK LINK - <https://youtu.be/s5kkxsaQkCg>**

**If you are applying under multiple funding areas, please indicate which funding area (food, behavioral health, and/or eviction mitigation through legal aid) each cost belongs to.**

**This narrative is to explain the costs in the Pinellas CARES Grant Column of the Budget Summary**

Organization Name: Metropolitan Ministries

Project Name: COVID-19 Pinellas Relief

FROM (month/year): December/2020

TO (month/year): December/2020

**ALL DESCRIPTIONS BELOW SHOULD BE CLEAR AS TO HOW REQUESTED FUNDS BY AREA RELATE TO ADDITIONAL COSTS THAT WOULD NOT HAVE BEEN INCURRED OR PLANNED IF NOT FOR COVID-19**

Personnel (salaries, wages, benefits, payroll taxes, time allocation, and a brief description of the responsibilities on the project for all personnel involved in program)

Define each position and indicate how the costs you are requesting expands your COVID-19-related programming and/or how it was unbudgeted as of 3/1/2020 or later. Be sure to include as much detail as possible for each position, e.g. rate per hour and number of hours for new position due to COVID-19 or increased hours as a result of COVID-19 (see example if needed).

Equipment (computers, phone, furniture, etc., less than \$3,000 per item)

Define each individual piece of equipment, where it will be purchased from, how much it costs, and how the costs you are requesting expands your COVID-19-related programming. Including estimates, quotes, or print offs from a supplier website is helpful to defend these costs.

Supplies (office materials, program related purchases, program necessities to deliver services, etc.)

Define each supply requested, where it will be purchased from, how much it costs, and how the costs you are requesting expands your COVID-19-related programming.

Food Category Request:

\$129,000 – Total amount for food purchased from Cheney Brothers or Nu Vista Food Group to be used for food boxes. Each food box has approximately 36 meals or enough food to feed a family of 4 for 3-5 days and costs on average \$30 per box.

With these funds we will be able to provide food boxes to 4,300 families in Pinellas County. This is a 75% increase over 2019 to meet the enormous need of food insecurity caused by COVID 19. The increase in food boxes serving Pinellas County residents is an unbudgeted expense.

Occupancy (property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses)

Define each occupancy-related item, the supplier of the service, how much it costs, the % which is appropriately allocated to this grant, and how the costs you are requesting expands your COVID-19-related programming.

Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)  
Define each travel item, the person who will be incurring the cost (for staff travel), the supplier of the services (for rental/leasing), and how the costs you are requesting expands your COVID-19-related programming.

Design, Printing, Marketing & Postage (for direct program related services only)  
Define each item, the supplier of the services, the cost, and how the costs you are requesting expands your COVID-19-related programming.

Capital (buildings, vehicles, equipment \$5,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities)  
Define each item, the vendor who will supply the capital item, or construct the item, and provide a defense for how the purchase of this item costs less than the leasing of the item for the grant period. Also explain how this item is necessary for the expansion of your COVID-19-related programming.

Purchased Services (consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements)  
Define each item, the vendor supplying the purchased services, the cost of the services per a specified period of time, and explain how this is necessary for the expansion of your COVID-19-related programming.

Logistical Partner Organizations

| Partner Name                         | Address  | Contact               | Phone      |
|--------------------------------------|--|-----------------------|------------|
| Oldsmar Cares                        | 149 FL-580 Oldsmar, FL 34677                                 | JoAnne Fitzpatrick    | [REDACTED] |
| Lealman Asian Family Center          | 4255 56th Ave N. St Petersburg, 33714                        | Donna McDill          |            |
| Mattie Williams                      | 1003 Dr. Martin Luther King Jr Blvd, Safety Harbor, FL 34695 | Cassidy Fitzpatrick   |            |
| Mt. Olive Baptist Church (Greenwood) | 600 Jones Street Clearwater, FL 33755                        | Brother Joseph Smiley |            |
| Positive Impact                      | 600 Jones Street Clearwater, FL 33755                        | Kara'lynn Brubaker    |            |
| Skinner Foundation                   | Greater St. Petersburg                                       | Ariana                |            |