

Application Form

Organization Information

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

The evaluation rubric that will be used to score your request is now available here: [Download Rubric](#)

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

Organization Name*

Neighborly Care Network, Inc.

Proposal Name*

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

Vehicles for Meals on Wheels

EIN*

59-1218100

Incorporation Year*

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

1966

Organizational Mission Statement*

What is your organization's mission statement? This should be no longer than one or two sentences.

Improved Health, wellness, and independent living for individuals and families

Unique Entity ID (SAM)

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

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

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

Character Limit: 12

JENTM5ERFHL5

Annual Operating Budget Size*

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

\$10,189,006.00

Amount Requested*

The maximum grant amount is \$199,999.

\$68,478.00

Parent Non-Profit/Subsidiaries*

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

Example

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

No

Request Specifics

Organization Programmatic Background*

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

Our purpose is to provide nutritious food and vital socialization to seniors in order to improve their health and reduce premature institutionalization. We do this with Meals on Wheels, Senior Cafes, Adult Day Care, and Transportation Services to thousands of senior citizens. Volunteers started our organization and volunteers continue to fuel its service to our elders, especially supporting seniors in their desire to remain safely at home and avoid premature institutionalization.

For over 50 years, we have pioneered innovative services to enhance our clients' way of life. We have served 31 million meals to over 150,000 clients. Neighborly is as determined as ever to help seniors stay healthy and engaged.

Neighborly volunteers offer nutritious meals, encouragement, and reassurance to the most vulnerable, isolated, and homebound seniors in Pinellas County. A senior who receives daily-delivered meals experiences the greatest improvements in health and quality of life compared to a senior who receives frozen, weekly-delivered meals or no meals at all. (Brown University's Center for Gerontology and Healthcare Research). Our own surveys reveal how critical the volunteer interaction is to the client.

Neighborly's Transportation Program provides specially equipped vehicles to take seniors to medical facilities, adult day care centers, Senior Cafes, grocery stores, etc. Our screened drivers provide transportation to need-appropriate Pinellas County residents sixty years of age and older. We are proud of our professional and patient drivers who treat our clients with kindness.

Adult Day Care staff members combine their expertise in geriatrics with the caring and compassion to assist clients throughout the day. The team monitors the health status of the participants; designs daily activities to enhance cognitive and physical functioning; offers opportunities for socialization; and implements daily activities providing personal care to the participants.

Community Need*

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

There are 335,442 persons age 60+ who reside in Pinellas County, comprising 34% of the total county population. The aged 85+ population accounts for 4% of the total population and 10% of the 60+ population.

Of those ages 60 and older in Pinellas County, 9% or 31,159, aged 60+ individuals are low income (income below 125% of the poverty guideline) and 9% have incomes below the poverty level. More than 80,000 live alone.

The minority elderly population equaling 41,846 represents 12% of the county's age 60+ population. Of that 41,846, LOW INCOME minority residents over age 60 equal 30,515 residing in Pinellas County. By ethnicity, individuals who are aged 60+ and identify as Hispanic make up 12,547 or 4% of the total 60+ population. (2021 Florida County Profile, Florida Department of Elder Affairs).

All Neighborly clients are Pinellas County residents and at least 60 years old.

In 2021 our clients were 61% are female and 39% are male. 61% are low-income or living near or below the poverty level. 16% are African American, 63% Caucasian, 6% Hispanic and 14% Other. We gather demographic information when applicants are assessed. Please note that the percentage of clients we serve in these targeted populations exceed those of the whole of Pinellas County, indicating our continued success with reaching those neighborhoods and their older residents who have experienced inequitable access to adequate healthcare, healthy and affordable food, and lack of suitable transportation.

Negative Economic Impact on Organization*

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

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

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

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

Note: If you are applying for both a Small Purchase and Large Project, you may reuse the answer for this question PROVIDED THAT the negative economic impact is relevant to both requests. The Large Project Letter of Intent does not permit uploads to support the answer to this question.

The negative economic impact from the COVID 19 pandemic on Neighborly's services was a significant reduction in the revenue of our Adult Day Care and Transportation programs in both immediate and longer-term recovery, because senior citizens were especially anxious about going out in public with other at-risk seniors. While, we did receive CARES money and support from Area Agency on Aging to meet the dramatic increased need for home-delivered meals, the available funding fell short of the actual costs.

Inflationary pressures have been dramatic. Our pay scales are fairly typical for a nonprofit but we could not compete with even fast food chains. Our staff turnover increased along with the related costs of onboarding, followed by the recent expensive trend of the background-checked, drug-screened new hires not reporting for work. Skyrocketing fuel costs threaten the continuation of 8000 trips to Neighborly programs, medical appointments, and grocery shopping every month. Serving 695,428 meals in 2022 is costing a great deal more than in 2021.

We estimate the total loss of revenue since COVID is \$800,000 in both 2020 and 2021. Pandemic-related funding for Neighborly programs were only to provide more of the same services at pre-pandemic-related costs of unit reimbursement. None of this "revenue" addressed the increased costs of providing services, the loss of revenues, the re-purposing of staff, maintaining costs for utilities at unused program locations and Meals on Wheels distribution sites, preventing layoffs (post PPP loan), and capital improvements.

There has been some increase in unit reimbursement costs, but only within the same level of funding. This produces relief in the short run but not for the whole year. For example, we will spend all Older American Act dollars for Adult Day Care by October 1, requiring us to restrict available days of care for especially vulnerable seniors with varying dementias, requiring caregivers to find and pay for expensive alternatives.

As for Neighborly's reserves, in the past two years we have taken out an SBA loan of \$150,000, a \$500,000 line of credit, and over \$1 million from our reserves to ensure our isolated and vulnerable seniors were served. Necessary projects such as 30+ year old roofs needing replacement, outdated financial software needing updating/replacing, and vehicle replacement have all been put on indefinite hold. Delaying this work has only increased our risks and the related costs.

Proposal Description*

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

Please describe your purchase proposal and address the following:

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

We will buy three new, affordable, fuel-efficient, replacement vehicles with warranties for our Nutrition program. The vehicles will be used for the program assessors to visit clients in their homes to conduct initial assessments for Meals on Wheels and/or Nutritional Counseling services. The assessor also conducts annual assessments on current clients to ensure their nutritional needs are being served and make referrals for other essential services to help them age in place. The vehicles will also be used to deliver supplemental groceries each month to clients who are food insecure; and to deliver Meals on Wheels.

The average age of our nutrition vehicles is 8 years, with our oldest vehicles being 15 years and over half of them being over 8 years old,

How does it address the negative economic harm you described in the previous question? In order to continue to serve our neighbors in need, we must have reliable vehicles. Due to the economic harm we have experienced, we were not able to replace the vehicles earlier. We need Wheels for Meals on Wheels.

Guiding Principles - Client Impact*

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

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

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

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

These vehicles will benefit the community members defined above that have experienced disproportionate negative impacts from the COVID-19 pandemic.

According to the 2018 Pinellas County Community Health Assessment, food insecurity, and senior isolation are important health issues. About 11% of Florida households are food insecure, and 9% of older adults over age 65 are living in poverty and are food insecure. Older adults who live alone are more at risk. Many older adults no longer drive and cite the lack of safe and affordable transportation is a barrier to obtaining food or other essential services.

Furthermore, according to the National Council on Aging regarding the Potential Financial Impacts of the COVID-19 Pandemic on Minority Older Adults: While older adults suffer declines in net wealth during large and unanticipated economic downturns, as evidenced by the 2008 crisis, minority older adults, specifically, "experience significant declines in financial well-being". Not surprisingly, there are major differences both within and across these groups, however the Hispanic population is expected to experience the most dramatic declines in total net wealth. Their lower and relatively non-growing household income, coupled with higher homeownership rates than African Americans, make them particularly vulnerable to these economic swings.

The minority elderly population in Pinellas is 12% but more than 20% of Neighborly clients are Minority Older Adults, demonstrating that we are reaching those who have experienced significant declines in financial well-being.

Surveys from our Nutrition clients continue to show their appreciation for the meals and the volunteers who deliver them. They also tell us about the money they save because of Meals on Wheels.

Number Served*

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

3629

Unduplicated vs. Duplicated*

Is the number indicated above duplicated or unduplicated?

Duplicated: A client is counted each time they access services

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

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

Unduplicated

Other (Explanation Required)

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

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

Development determines what areas qualify as QCT.

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

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

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

The screenshot shows the HUD SADDA QCT map interface. At the top, there is an address input field with a "Go" button and a dropdown menu for state and county, currently set to "Florida" and "Pinellas". Below this is a legend for QCT and SADDA, and a "Map Options" sidebar. In the sidebar, the "Color QCT Qualified Tracts (Zoom 7+)" checkbox is checked and highlighted with a red arrow. The map displays purple shaded areas representing QCTs in the Tampa Bay area, with labels for Clearwater, St. Petersburg, and Tampa. A red pin is placed on the map near Clearwater. The "Map" and "Satellite" buttons are visible at the top of the map area.

Headquarters Location*

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

13945 Evergreen Avenue, Clearwater, FL 33762

QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

No

Purchase Location*

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

Examples

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

The majority of the activities related to the purchase of these vehicles will take place throughout all of Pinellas County. The county needed our previous location for the airport and offered our present location for our administration office. We are currently looking for a more suitable, mid-county location closer to people we serve.

Four of our Senior Cafes are in Qualified Census Tracts. Our nine Meals on Wheels distribution sites serve the entire county. We have uploaded our site map.

QCT Determination - Purchase*

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

Further determination required

Community Connection

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

Community Representation and Connection*

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

Neighborly effectively utilizes community and neighborhood assets and resources. Seniors enjoy a nutritious meal at our Senior Cafes, and 5 of our 8 senior dining sites are co-located within community centers, providing access to members of the community who provide legal assistance, senior advocacy, classes and social activities.

Neighborly collaborates with various groups in our service to seniors. Each month we work with St. Pete Free Clinic, Daystar Life Center, Hope Villages (formerly RCS Food Bank), and Feast Pantry to provide supplemental groceries to our senior dining folks.

Four of our Senior Cafes are in Qualified Census Tracts. Our nine Meals on Wheels distribution sites serve the entire county.

We are collaborating with Evara (formerly Community Health Centers of Pinellas County) to bring their services directly to our clients while they are attending our programs. Pinellas County sponsors our efforts to remove clients from our Meals on Wheels Waiting List. Our Transportation Department partners with the Pinellas Suncoast Transit Authority (PSTA) on the Transportation Disadvantaged (TD) program. We work with the Area Agency on Aging to improve and increase services to seniors all over the county.

Last but not least, 1002 volunteers served Neighborly clients in 2021. Meals on Wheels drivers not only deliver a meal and encouragement, they are doing a well-check with each delivery. Our drivers, who get to know the clients, now have the ability to report a Change of Condition in real time. THAT is a "Care Network" with roots everywhere in the county.

Our goal is to continue to expand our services to eliminate hunger and isolation for seniors in Pinellas County.

Leadership Demographics - Board Membership*

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

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

BIPOC

Decline to state

Leadership Demographics - Executive Level Leadership Team*

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

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

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

BIPOC

LGBTQ+

Decline to state

Leadership Demographics - CEO/Executive Director*

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

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

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

None of the above

Proposal Costs

Purchase Estimates/Bids*

You must combine all bids/estimates into one file.

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

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

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

3 Bids for Neighborly Vehicles.pdf

Sole Source*

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

N/A

Related Parties*

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

Examples of Related Parties

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

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

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

No related parties.

Budget Summary*

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

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

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

Budget-Template-Small-Capital-Purchases NEIGHBORLY (1).xlsx

Other Funding Sources*

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

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

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

N/A

Changes in Operating Costs*

Please answer this question based on the descriptions below:

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

The funding we request is a capital expense only, no operating or personnel expenses are requested. New vehicles are likely to decrease ongoing operating costs. Presently, Neighborly assessors use their own vehicles to visit clients and are reimbursed for mileage. This is not the most efficient way of managing our staff's or agency's resources.

Organization Documentation

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

Organization Budget*

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

Simple Agency Budget 2022 - Balanced.pdf

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

Neighborly Board Roster 2022 May.xlsx

IRS Form 990*

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

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

upload the most recent publicly available 990.

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

Only PDF files are permitted.

990 2020 Public Disclosure.pdf

Most Recent Financial Statements*

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

2021 neighborly care network inc.pdf

Insurance Requirements

Evidence of Insurance Coverage*

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

Please upload evidence of insurance.

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

Certificate of Insurance.pdf

Insurance Requirement*

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

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

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

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

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

Post-Grant Requirements

Reporting Requirements Acknowledgment*

Grantees will be required to submit a pre-award agreement within two weeks of receiving an award notice. In addition, grantees will be required to submit a report within 30 days after the purchase is completed.

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

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

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at rcervantes@pinellascf.org.

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

Additional Information

Budget Summary

NO LONGER USED, REPLACED IN APP WITH UPLOAD FIELD INCLUDED

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

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

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

Additional Upload

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

Elder Needs and Neighborly Site Maps.pdf

Anything else to share?

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

The Elder Need Index, part of the 2021 Profile of Older Americans from the Florida Department of Elder Affairs, illustrates the needs of our client base. We have also attached a map of Neighborly sites in Pinellas County. From these sites we served 695,428 meals to vulnerable seniors in 2021.

Brief Project Descriptor

Please briefly describe this organization's request.

File Attachment Summary

Applicant File Uploads

- 3 Bids for Neighborly Vehicles.pdf
- Budget-Template-Small-Capital-Purchases NEIGHBORLY (1).xlsx
- Simple Agency Budget 2022 - Balanced.pdf
- Neighborly Board Roster 2022 May.xlsx
- 990 2020 Public Disclosure.pdf
- 2021 neighborly care network inc.pdf
- Certificate of Insurance.pdf
- Elder Needs and Neighborly Site Maps.pdf

2022 Hyundai

Accent SE Custom Build

Exp. Aug 18, 2022



120-hp 1.6L 4 Cylinder
Continuously Variable
Front-Wheel Drive

Frost White Pearl

 Beige Cloth

Customer: Neighborly Care Network,
Dealership: Crown Hyundai
Address: 5301 34th St N, Saint Petersburg, FL 33714
Product Specialist: Jennifer Irvin / (888) 214-7073

Custom Built Vehicle • Fulfillment times may vary

Base Model	\$16,645	MSRP (Sticker Price)	\$17,980
Packages and Options	\$240	Dealer Discount	-\$370
+ Carpeted Floor Mats	\$155	Crown Hyundai Price	\$17,610
+ Cargo Net	\$55	Sales Tax	\$0
+ First Aid Kit	\$30	Estimated Registration & Fees	\$2,112
Manufacturer Destination Charge	\$1,095	Total Purchase Price	\$19,722

Customer signature

Date

This deal sheet is valid until Aug 18, 2022, subject to vehicle availability.

Registration & Fees include \$102.00 DMV fee , \$999.00 documentation fee , \$109.50 electronic filing fee , \$895.00 Appearance and Protection Package includes: Nitro Filled Tires, Door Edge Guards, Pin Stripes, Wheel Locks, Priority Service Scheduling, Complimentary Service Shuttle up to 10 Miles, and Complimentary Wash and Vacuum When Your Car is Serviced. and \$6.50 tire fee .

Additional taxes, registration and license fees may apply for out of state purchasers based on their registration address. Taxes are estimates. The dealership will help determine accurate taxes prior to delivery.

All prices plus Pre Delivery Service Fee of \$999.00, and \$109.50 Electronic Titling Fee which fees represent costs and profits to the selling dealer for items such as cleaning, inspecting, adjusting vehicles and preparing documents related to the sale.

*Photos may not represent actual vehicle. Vehicles shown may have optional equipment or other differences, at additional cost. Images, prices, and options shown, including vehicle color, trim, body style, color, pricing and other specifications are subject to availability.

*While every reasonable effort is made to ensure the accuracy of the information on these website pages, there may be instances where things may be listed incorrectly. Dealer cannot be held liable for typos or information that is listed incorrectly. PLEASE MAKE SURE to confirm with a dealership representative by phone number provided, email, chat or visiting our dealership the price of vehicles and details.



All Vehicles VIN 5YFEPMAE9NP359895 MSRP⁸ \$22,826

Contact dealer to confirm availability date.

2022 Corolla LE



\$22,826 SmartPath Price¹⁹

Exterior Celestite

Interior Light Gray/moonstone Fabric

30/38 est.mpg⁹

1.8-Liter 4-Cylinder/ with FWD

50 State Emissions, 6-Gallons Of...

[View All Vehicle Details](#)



Image represents trim level only.

1 of 8



Lease Finance Cash

[Not sure?](#)

Lease

Offer exp. Sep 6, 2022



\$441/mo.⁶⁰

36 mos.⁴⁴ \$2,283 due at signing³⁶

12K annual mile.⁴¹ \$0 security deposit required²⁵

[Start Purchase](#)

[Confirm Availability](#)

Step 1. Estimate your payment

Cash Down



\$2,283

Annual Mileage

12,000

15,000

18,000

Credit Score

780+ Excellent

MSRP³⁴

\$22,826

SmartPath Price¹⁹

\$22,826

Trade-In Value

Skipped

Optional Accessories⁴⁷

Select

Protection Products⁴⁸

Select

Taxes & Fees 33765

\$5,216

6 DEALERS FOUND IN "33762"

- [1] TYRONE SQUARE MAZDA
SAINT PETERSBURG, FL
- [2] WESTSHORE MAZDA
TAMPA, FL
- [3] FERMAN MAZDA OF BRAN
TAMPA, FL

[SHOW MORE](#)

MODEL	YEAR	EXTERIOR	INTERIOR	TRANSMISSION	ENGINE	DRIVETRAIN	TOTAL MSRP
MAZDA3 HATCHBACK [30]	2023 MAZDA3 HATCHBACK SELECT	Snowflake White Pearl Mica	Black Leatherette	Automatic	2.5L SKYACTIV-G®	4-Cyl	\$26,570
MAZDA CX-5 [20]	2022 MAZDA3 SEDAN SELECT	Jet Black Mica	Black Leatherette	Automatic	2.5L SKYACTIV-G®	4-Cyl	\$24,615
	2022 CX-30 2.5 S	Deep Crystal Blue Mica	Black Cloth	Automatic	2.5L SKYACTIV-G	4-Cyl	\$23,775

Mail - Susan Mc
outlook.office365.com

Pinellas Commu...
Let's Connect &
Application - Gr...
SmartPath | Toy...
2022 Mazda 3 P...
Mazda Search |...
Mazda Search |...
Jerold Panas Books

Charitable Donations...
Network for Good
Raiser's Edge
Pinellas Community...
How to Write a Writi...

Inventory results#dlrId=8&zipcode=8&p=1&nearmatchpage=1&s=price&sc&sortTitle=Price:%20Low...

Map

Windows taskbar: File Explorer, Mazda Search, Budget Templates, Raining now, 2:59 PM, 9/5/2022

ARPA Nonprofit Capital Project Fund – Small Purchases Budget

Organization Name: Neighborly Care Network

Proposal Name: Wheels for Meals on Wheels

A	B	C	D	E	F	G	H
Line Item	Item (Description)	Price Per Item	Quantity of Item	Purchase Total	ARPA Grant Funds Requested	Applicant Match	Funding Total
1	2022 Toyota Corolla Hatchback	\$ 22,826.00	1	\$ 22,826	\$ 22,826	\$ -	\$ 22,826
2	2022 Toyota Corolla Hatchback	\$ 22,826.00	1	\$ 22,826	\$ 22,826	\$ -	\$ 22,826
3	2022 Toyota Corolla Hatchback	\$ 22,826.00	1	\$ 22,826	\$ 22,826	\$ -	\$ 22,826
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
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		\$ -		\$ -	\$ -	\$ -	\$ -
		TOTAL	3	\$ 68,478	\$ 68,478	\$ -	\$ 68,478

THE "PURCHASE TOTAL" AND "FUNDING TOTAL" COLUMN SHOULD BE EQUAL

Columns E, H, and the "TOTAL" row are locked and cannot be edited

Key

Item (Description)	<i>Brief name/description of the purchase requested</i>	
Price per item	<i>The individual price of one unit of the proposed purchase</i>	
Quantity of Item	<i>The number of units of the proposed purchase you are requested</i>	
Purchase Total	<i>Total purchase cost of the proposed line item (quantity multiplied by price)</i>	
ARPA Grant Funds Requested	<i>The amount of ARPA funding requested for this line item</i>	
Applicant Match	<i>The amount (if any) that you, the applicant, are contributing towards the purchase of the line item</i>	
Funding Total	<i>Total funding for proposed line item (ARPA grant request plus applicant match)</i>	

NCN AGENCY BUDGET 2022

Annual
Budget
2022

Revenue

Grants Earned	\$7,259,521
Interagency Revenue	229,804
Medicaid / Medicare	0
Program Income	15,826
Fee for Service & Other	1,203,244
Promise to Give	185,550
In Kind Match	919,861
Contributions	375,200

Total Revenue **10,189,006**

Expenses

Personnel	4,922,934
Travel	16,775
Building Space	256,830
Communications & Utilities	121,363
Raw Food/Meals	2,212,763
Printing & Supplies	132,210
Equipment	263,082
Sub Contractors	407,404
Other Costs	935,784
Central Administration Reallocated Expenses	0
Space Reallocated Expenses	0
In-Kind Costs	919,861

Total Expenses **10,189,006**

Excess Revenue (Expenses) **0**

Neighborly Care Network

Board of Directors

Name	Address	Job Title	Occupation	Phone #
Brooke Miranda	13797 74th Ave N., Seminole, FL 33776	Chair	CEO of SEDCO	941-720-3779
Jeremy Bailie	6100 Gulfport Blvd S., #210, Gulfport, FL 33707	Vice Chair	Attorney	727-828-9919
Chuck Catanese	5108 Kernwood Ct., Palm Harbor, FL 34685	Treasurer	VP Relationship Manager- Commercial Banking	727-643-3555
Sunny Dingman	5026 1st Ave N St. Petersburg, FL 33701	Secretary	Attorney	703-725-2443
Neil Brickfield	3088 Hillside Lane Safety Harbor, FL 34695	Director	PALS Executive Director	727-692-0785
Gershom Faulkner	3545 3rd Ave South St. Petersburg, FL 33711	Director	District Deputy Director for Representative Charlie Crist	727-639-2798
Michael Audino	2601 DeSoto Way South, St. Petersburg, FL 33712	Director	Research - Center for Urban Transportation Research	727-415-9668
Eric Beck	101 Starcrest Dr., Clearwater, FL 33768	Director	SVP - National Non Profit Practice Leader	727-742-3089
Chau Nguyen	163 94th Ave NE St. Petersburg, FL 33702	Director	Owner of Source Real Estate - Licensed Real Estate Broker	727-455-3154
Dr. Farhan Malik	2250 6th Ave N St. Petersburg, FL 33713	Director	Pediatric Cardiac Intensive Care Physician	201-344-0629

PUBLIC DISCLOSURE COPY

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

2020

Open to Public Inspection

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 for instructions and the latest information.

A For the **2020** calendar year, or tax year beginning and ending

B Check if applicable:	C Name of organization NEIGHORLY CARE NETWORK INC Doing business as	D Employer identification number 59-1218100
<input type="checkbox"/> Address change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number (727) 573-9444
<input type="checkbox"/> Name change	13945 EVERGREEN AVENUE	G Gross receipts \$ 13,622,341.
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Final return/terminated	CLEARWATER, FL 33762	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Amended return	F Name and address of principal officer: DAVID LOMAKA SAME AS C ABOVE	If "No," attach a list. See instructions
<input type="checkbox"/> Application pending	I 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	H(c) Group exemption number ▶
J Website: ▶ WWW.NEIGHORLY.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1966 M State of legal domicile: FL

Part I Summary

1	Briefly describe the organization's mission or most significant activities: HEALTH AND WELLNESS PROGRAMS THAT IMPROVE INDEPENDENT LIVING FOR SENIORS AND THEIR FAMILIES			
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3	Number of voting members of the governing body (Part VI, line 1a)	3		10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		10
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5		140
6	Total number of volunteers (estimate if necessary)	6		700
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		0.
		Prior Year		Current Year
8	Contributions and grants (Part VIII, line 1h)	5,855,101.		7,978,136.
9	Program service revenue (Part VIII, line 2g)	712,225.		714,484.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	132,895.		-2,372,112.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,047.		60,819.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,730,268.		6,381,327.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.		0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.		0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,741,361.		3,988,627.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.		0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 228,005.			
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,942,389.		5,255,647.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,683,750.		9,244,274.
19	Revenue less expenses. Subtract line 18 from line 12	-953,482.		-2,862,947.
		Beginning of Current Year		End of Year
20	Total assets (Part X, line 16)	9,334,789.		6,019,546.
21	Total liabilities (Part X, line 26)	3,992,588.		1,018,182.
22	Net assets or fund balances. Subtract line 21 from line 20	5,342,201.		5,001,364.

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.

Sign Here	Signature of officer DAVID LOMAKA, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name PAUL DUNHAM	Preparer's signature
	Firm's name ▶ CBIZ MHM, LLC	Date
	Firm's address ▶ 13577 FEATHER SOUND DR., SUITE 400 CLEARWATER, FL 33762-5539	Check if self-employed <input type="checkbox"/> PTIN P00100222
		Firm's EIN ▶ 27-3605969
		Phone no. 727-572-1400

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: IMPROVED HEALTH, WELLNESS, AND INDEPENDENT LIVING FOR INDIVIDUALS AND FAMILIES.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 5,132,218. including grants of \$) (Revenue \$ 362,271.)

NUTRITION SERVICES: NEIGHORLY NUTRITION SERVICES CONTINUES TO PROVIDE MEALS ON WHEELS, CONGREGATE DINING, NUTRITION EDUCATION, NUTRITION COUNSELING AND COMMUNITY OUTREACH TO SENIORS THROUGHOUT PINELLAS COUNTY. WE CURRENTLY PROVIDE MEALS AND SOCIALIZATION FROM TEN (10) NUTRITION SITES AND THREE (3) ADULT DAY CARE CENTERS. WE ALSO SERVE OVER 100 MEALS ON WHEELS ROUTES THROUGHOUT THE COUNTY THAT PROVIDE HOT AND FROZEN MEALS. WE STRIVE TO ASSIST SENIORS AT RISK FOR INSTITUTIONAL PLACEMENT, THOSE WHO SPEAK LIMITED ENGLISH, ARE DISABLED OR HAVE LOW INCOME. NEIGHORLY NUTRITION SERVICES PROVIDED CLIENTS WITH 585,739 MEALS IN 2020.

4b (Code:) (Expenses \$ 1,650,786. including grants of \$) (Revenue \$ 86,607.)

TRANSPORTATION: NEIGHORLY CARE NETWORK TRANSPORTATION HAS BEEN A COLLABORATION, WORKING WITH SEVERAL COMMUNITY PARTNERS TO SERVE OUR CLIENTS. OUR TRANSPORTATION PROGRAM PROVIDES DAILY TRIPS FOR CLIENTS TO OUR ADULT DAYCARE CENTERS AND SENIOR CAFES THROUGHOUT PINELLAS COUNTY. IN ADDITION, WE PROVIDE MEDICAL, FOOD AND GROUP SHOPPING TRIPS, AS WELL AS ANY OTHER LIFE-SUSTAINING TRIPS. WE ACCOMMODATE AND PROVIDE BOTH AMBULATORY AND NON-AMBULATORY TRIPS.

4c (Code:) (Expenses \$ 818,832. including grants of \$) (Revenue \$ 265,606.)

ADULT DAY CARE SERVICES: NEIGHORLY CARE NETWORK ADULT DAY CARE CURRENTLY HAS THREE LOCATIONS SERVING PINELLAS COUNTY. WE SERVE SENIORS OVER THE AGE OF 60 WITH DIFFERENT LEVELS OF COGNITIVE IMPAIRMENTS. THESE CLIENTS LIVE AT HOME WITH CAREGIVERS AND COME TO THE CENTERS FOR SOCIALIZATION, NUTRITION AND MEDICAL MONITORING. 60% OF THEIR DAYS ARE SPENT DOING VARIOUS ACTIVITIES. THERE ARE THREE (3) LEVELS OF ACTIVITIES PROVIDED FOR DIFFERENT ABILITIES AND INTERESTS. EACH DAY, CLIENTS RECEIVE A NUTRITIOUS BREAKFAST, LUNCH AND AFTERNOON SNACK. THERE ARE NURSES ON DUTY AT EACH CENTER PROVIDING MEDICAL MONITORING.

(CONTINUED ON SCHEDULE O)

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

4e Total program service expenses 7,601,836.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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 donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		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
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 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
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
36 Section 501(c)(3) organizations. 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
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c 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
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		140
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		N/A
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		N/A
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	10a
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	N/A	11a
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	12b
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		N/A
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b
c	Enter the amount of reserves on hand		13c
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (10); 1b Enter the number of voting members included on line 1a, above, who are independent (10); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); 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).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 JENNI WHITE - (727) 573-9444 13945 EVERGREEN AVE, 4TH FL, CLEARWATER, FL 33762

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID LOMAKA EXECUTIVE DIRECTOR	40.00			X			137,975.	0.	25,572.	
(2) SATHAPASA MONA ALLEN DIRECTOR OF HR/OPERATIONS	40.00			X			97,409.	0.	40,302.	
(3) NEIL BRICKFIELD CHAIR	1.00	X		X			0.	0.	0.	
(4) CHAU NGUYEN VICE CHAIR	1.00	X		X			0.	0.	0.	
(5) GERSHOM FAULKNER SECRETARY	1.00	X		X			0.	0.	0.	
(6) CHARLES CATANESE TREASURER	1.00	X		X			0.	0.	0.	
(7) SHEILA LOVE DIRECTOR	1.00	X					0.	0.	0.	
(8) MICHAEL AUDINO DIRECTOR	1.00	X					0.	0.	0.	
(9) ERIC BECK DIRECTOR	1.00	X					0.	0.	0.	
(10) JEREMY BAILIE DIRECTOR	1.00	X					0.	0.	0.	
(11) BROOKE MIRENDRA DIRECTOR	1.00	X					0.	0.	0.	
(12) MARK HAMILTON DIRECTOR	1.00	X					0.	0.	0.	
(13) EVELYN BETHELL PAST CHAIR (1/1/20-6/1/20)	1.00	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							235,384.	0.	65,874.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							235,384.	0.	65,874.	

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
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SHERATON 1160 GULF BLVD, CLEARWATER, FL 33767	RESTAURANT MEALS FOR CLIENTS	313,860.
BRANDED FROGS P.O. BOX 8429, SEMINOLE, FL 33775	RESTAURANT MEALS FOR CLIENTS	312,931.
REBUILT MEALS 3217 ALENE ST, TAMPA, FL 33614	RESTAURANT MEALS FOR CLIENTS	218,080.
CORPORATE CATERING OF PALM HARBOR, 414 STILL MEADOWS CIR E, PALM HARBOR, FL 34683	RESTAURANT MEALS FOR CLIENTS	143,548.

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 **4**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	10,165.				
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)	1,730,388.				
	f	All other contributions, gifts, grants, and similar amounts not included above	6,237,583.				
	g	Noncash contributions included in lines 1a-1f	\$ 115,114.				
	h	Total. Add lines 1a-1f		7,978,136.			
Program Service Revenue	2 a	NUTRITION	Business Code 624210	362,271.	362,271.		
	b	ADULT DAY CARE	624120	265,606.	265,606.		
	c	TRANSPORTATION	624120	86,607.	86,607.		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		714,484.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		50,718.		50,718.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	1,417,915.	3,400,269.		
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses	1,389,992.	5,851,022.			
7 c	Gain or (loss)	27,923.	-2,450,753.				
d	Net gain or (loss)		-2,422,830.		-2,422,830.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
8 b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	INSURANCE SETTLEMENT	Business Code 900099	38,080.		38,080.	
	b						
	c						
	d	All other revenue	900099	22,739.		22,739.	
	e	Total. Add lines 11a-11d		60,819.			
12	Total revenue. See instructions		6,381,327.	714,484.	0.	-2,311,293.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
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	301,259.		301,259.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,886,211.	2,295,578.	471,902.	118,731.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	105,601.	91,768.	9,158.	4,675.
9 Other employee benefits	451,190.	345,834.	84,868.	20,488.
10 Payroll taxes	244,366.	187,349.	47,718.	9,299.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	35,175.		35,175.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	8,626.		8,626.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	69,145.	51,194.	10,066.	7,885.
12 Advertising and promotion	11,112.	4,178.	3,869.	3,065.
13 Office expenses	391,240.	301,545.	57,143.	32,552.
14 Information technology	134,225.	83,378.	37,954.	12,893.
15 Royalties				
16 Occupancy	218,656.	218,656.		
17 Travel	329,423.	328,177.	166.	1,080.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	7,364.	6,470.	894.	
20 Interest	36,841.		36,841.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	324,780.	289,526.	35,254.	
23 Insurance	263,701.	261,111.	2,072.	518.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD COSTS	3,411,416.	3,411,416.		
b EXPENSE ALLOCATIONS	0.	-281,787.	267,801.	13,986.
c _____				
d _____				
e All other expenses _____	13,943.	7,443.	3,667.	2,833.
25 Total functional expenses. Add lines 1 through 24e	9,244,274.	7,601,836.	1,414,433.	228,005.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	510,536.	1	132,739.
	2 Savings and temporary cash investments	113,090.	2	0.
	3 Pledges and grants receivable, net	909,444.	3	1,411,079.
	4 Accounts receivable, net	202,216.	4	309,022.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	591,341.	7	575,058.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	60,350.	9	103,614.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,595,286.		
	b Less: accumulated depreciation	10b 4,700,698.		
	11 Investments - publicly traded securities	1,986,681.	10c	1,894,588.
	12 Investments - other securities. See Part IV, line 11	1,198,353.	11	965,383.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets	82,028.	13	
	15 Other assets. See Part IV, line 11	3,680,750.	14	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	9,334,789.	15	628,063.	
		16	6,019,546.	
Liabilities	17 Accounts payable and accrued expenses	639,343.	17	818,182.
	18 Grants payable		18	
	19 Deferred revenue		19	50,000.
	20 Tax-exempt bond liabilities	2,985,000.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	150,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	368,245.	25	0.
	26 Total liabilities. Add lines 17 through 25	3,992,588.	26	1,018,182.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,580,983.	27	3,441,381.
	28 Net assets with donor restrictions	1,761,218.	28	1,559,983.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	5,342,201.	32	5,001,364.
	33 Total liabilities and net assets/fund balances	9,334,789.	33	6,019,546.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,381,327.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,244,274.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,862,947.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,342,201.
5	Net unrealized gains (losses) on investments	5	9,296.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2,512,814.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,001,364.

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			
2b	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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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 on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization NEIGHBORLY CARE NETWORK INC	Employer identification number 59-1218100
----------------------------------------------------------------	-----------------------------------------------------

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5610922.	5459502.	5932985.	5855101.	7978136.	30836646.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge			120,214.	120,215.	120,215.	360,644.
4 Total. Add lines 1 through 3	5610922.	5459502.	6053199.	5975316.	8098351.	31197290.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						31197290.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	5610922.	5459502.	6053199.	5975316.	8098351.	31197290.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	88,627.	102,673.	51,485.	40,513.	50,718.	334,016.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			5,168.			5,168.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						31536474.
12 Gross receipts from related activities, etc. (see instructions)					12	4,832,382.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	98.92 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	98.68 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. 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 stop here. 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 10% -facts-and-circumstances test - 2019. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b 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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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.)

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

NEIGHORLY CARE NETWORK INC

Employer identification number

59-1218100

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust 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

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

[] 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 NEIGHBORLY CARE NETWORK INC	Employer identification number 59-1218100
----------------------------------------------------------------	---------------------------------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>4,145,957.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>187,863.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>272,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>1,608,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>707,430.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEIGHBORLY CARE NETWORK INC	Employer identification number 59-1218100
----------------------------------------------------------------	---------------------------------------------------------

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

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

Name of organization NEIGHORLY CARE NETWORK INC	Employer identification number 59-1218100
---------------------------------------------------------------	---------------------------------------------------------

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization NEIGHBORLY CARE NETWORK INC	Employer identification number 59-1218100
------------------------------------------------------------	-----------------------------------------------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2020**

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		40,911.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			40,911.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (See instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

NEIGHBORLY CARE NETWORK ALLOCATES 25% OF THE EXECUTIVE DIRECTOR'S

PERSONNEL COSTS TO THE CORPORATE COST CENTER, WHICH ALLOWS FOR THE

EXECUTIVE DIRECTOR TO MEET WITH LEGISLATORS LOCALLY FROM TIME TO TIME.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization NEIGHBORLY CARE NETWORK INC Employer identification number 59-1218100

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, lines 2a-2d, number of modified easements, states where located, monitoring policy, staff hours, expenses, and requirements of section 170(h)(4)(B)(i).

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include 1a) text of footnote for art collection, 1b) amounts for art collection, and 2) amounts for art collection for financial gain.

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,198,353.	1,431,715.	1,563,548.	1,563,548.	1,563,548.
b Contributions					
c Net investment earnings, gains, and losses	57,030.	167,633.	-50,157.	102,047.	93,493.
d Grants or scholarships					
e Other expenditures for facilities and programs	290,000.	400,995.	81,676.	102,047.	93,493.
f Administrative expenses					
g End of year balance	965,383.	1,198,353.	1,431,715.	1,563,548.	1,563,548.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 100 %
 - c Term endowment 0.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 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		686,553.		686,553.
b Buildings		1,064,562.	693,524.	371,038.
c Leasehold improvements				
d Equipment		1,283,094.	1,213,897.	69,197.
e Other		3,561,077.	2,793,277.	767,800.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,894,588.

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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) RECEIVABLES UNDER CHARITABLE REMAINDER TRUSTS	591,865.
(2) DEPOSITS	36,198.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	628,063.

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)	
Total. (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	9,258,923.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	193,203.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	290,000.	
e	Add lines 2a through 2d	2e		483,203.
3	Subtract line 2e from line 1		3	8,775,720.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-2,394,393.	
c	Add lines 4a and 4b	4c		-2,394,393.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	6,381,327.

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

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

1	Total expenses and losses per audited financial statements		1	9,428,851.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	193,203.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		193,203.
3	Subtract line 2e from line 1		3	9,235,648.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,626.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		8,626.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	9,244,274.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ORGANIZATION'S DONOR-RESTRICTED ENDOWMENT FUNDS CONSIST PRIMARILY OF DONATIONS FOR THE MEALS ON WHEELS PROGRAM, AS WELL AS OTHER ACTIVITIES. THESE FUNDS ARE INVESTED TO PRODUCE LONG-TERM RETURNS WHILE ALSO PROVIDING CURRENT INCOME TO FUND THE RELATED PROGRAMS. THIS IS CURRENTLY ACHIEVED BY INVESTING PRIMARILY IN EQUITIES AND FIXED INCOME SECURITIES.

PART X, LINE 2:

THE ORGANIZATION HAS ADOPTED ASC TOPIC 740, INCOME TAXES. ASC TOPIC 740 PRESCRIBES A RECOGNITION AND MEASUREMENT STANDARD FOR UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION DOES NOT BELIEVE IT HAS ANY MATERIAL INCOME TAX EXPOSURE RELATING TO

Part XIII Supplemental Information (continued)

UNCERTAIN TAX POSITIONS. THE ORGANIZATION'S INCOME TAX FILINGS REMAIN
SUBJECT TO EXAMINATION FOR A PERIOD OF THREE YEARS AFTER FILING.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ENDOWMENT RETURN UTILIZED IN OPERATIONS 290,000.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT INCOME 28,437.

LOSS ON SALE OF PROPERTY AND EQUIPMENT -2,450,753.

REALIZED GAIN ON INVESTMENTS 27,923.

TOTAL TO SCHEDULE D, PART XI, LINE 4B -2,394,393.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

NEIGHBORLY CARE NETWORK INC

Employer identification number

59-1218100

Part I Questions Regarding Compensation

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

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

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

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

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

- | | |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" 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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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) DAVID LOMAKA EXECUTIVE DIRECTOR	(i)	137,975.	0.	0.	13,833.	11,739.	163,547.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

(This area contains horizontal lines for providing supplemental information.)

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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 for instructions and the latest information.

Name of the organization: **NEIGHBORLY CARE NETWORK INC** Employer identification number: **59-1218100**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (SUPPLIES)	X	89	115,114.	FAIR MARKET VALUE
26 Other (_____)				
27 Other (_____)				
28 Other (_____)				

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

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

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 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

NEIGHORLY CARE NETWORK INC

Employer identification number

59-1218100

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

MONTHLY VITAL SIGNS AND WEIGHTS ARE TAKEN AND DOCUMENTED IN THEIR
CHARTS, ALONG WITH QUARTERLY CARE PLANS. MANY OF THESE CLIENTS HAVE
BEEN ATTENDING FOR SEVERAL YEARS AND HAVE BUILT RELATIONSHIPS WITH
THEIR PEERS. NEIGHORLY CARE NETWORK DAY CARE HAS REMAINED DEFICIENCY
FREE AND CAREGIVERS HAVE GIVEN US A 96% ON OUR QUALITY ASSURANCE
SURVEYS, STATING THAT AN ADC SERVICE HAS ENHANCED THE LIVES OF THEIR
LOVED ONES. NEIGHORLY CARE NETWORK ADULT DAY CARE PROVIDED 22,536
HOURS OF CARE TO 173 CLIENTS IN 2020.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION'S BYLAWS WERE AMENDED DURING THE YEAR. ARTICLE IV, SECTION
2(A)(3) WAS REVISED TO ADD THE GOVERNANCE COMMITTEE. ARTICLE V WAS REVISED
TO ADD SECTION 10 GOVERNANCE COMMITTEE. THE GOVERNANCE COMMITTEE WILL HELP
THE NCN BOARD REACH ITS FULL POTENTIAL THROUGH STRATEGIC BOARD RECRUITMENT,
BOARD ENGAGEMENT, AND ORGANIZATIONAL OVERSIGHT. THE GOVERNANCE COMMITTEE IS
RESPONSIBLE FOR DEVELOPING AND IMPLEMENTING POLICIES AND PROCEDURES FOR THE
FOLLOWING:

- A. BOARD RECRUITMENT
- B. BOARD EVALUATION
- C. BOARD SUCCESSION PLANNING
- D. EXECUTIVE DIRECTOR PERFORMANCE EVALUATION
- E. REVIEW AND UPDATE OF NCN BYLAWS
- F. ADHERENCE TO THE NCN BYLAWS

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

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization NEIGHBORLY CARE NETWORK INC	Employer identification number 59-1218100
---------------------------------------------------------	----------------------------------------------

FORM 990 IS REVIEWED BY THE BOARD FINANCE COMMITTEE DURING A MEETING. THE COMMITTEE THEN PRESENTS FORM 990 TO THE FULL BOARD AT A REGULAR SCHEDULED MEETING BEFORE IT IS SUBMITTED FOR FILING.

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

EXECUTIVES AND EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST IMMEDIATELY TO THEIR SUPERVISOR, DIRECTOR OR HR DIRECTOR. FAILURE TO REPORT SUCH INSTANCES WILL BE DEALT WITH IN ACCORDANCE WITH THE DISCIPLINARY POLICY. THE ORGANIZATION HAS ESTABLISHED A BEST PRACTICE DISCLOSURE COMMITTEE TO MAKE SURE THE ETHICAL CODE IS DELIVERED TO ALL EMPLOYEES AND THAT CONCERNS REGARDING THE CODE CAN BE ADDRESSED. IN THE EVENT OF A POTENTIAL CONFLICT OF INTEREST, ALL OF THE FACTS WILL BE REVIEWED. ANY BOARD MEMBER WITH A CONFLICT OF INTEREST WILL BE REQUIRED TO RECUSE HIM OR HERSELF FROM ALL DISCUSSION AND VOTING ON THE MATTER.

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

EACH YEAR THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS EVALUATES THE EXECUTIVE DIRECTOR. THE EXECUTIVE COMMITTEE SETS THE EXECUTIVE DIRECTOR'S COMPENSATION, TAKING INTO CONSIDERATION THE EXECUTIVE DIRECTOR'S ACCOMPLISHMENTS AGAINST GOALS AND APPROPRIATE COMPARABILITY DATA, WHICH CAN BE OBTAINED FROM A SURVEY BY AN INDEPENDENT CONSULTANT OR FROM A NATIONAL SURVEY. THE EXECUTIVE COMMITTEE DOCUMENTS THE BASIS FOR ITS DECISION. THIS DOCUMENTATION MUST SHOW THE TERMS AND DATE OF THE EVALUATION, WHO AUTHORIZED THE TERMS AND WHAT DATA WAS RELIED ON AND WHEN PAYMENT IS TO BE MADE.

FOR ALL OTHER EMPLOYEES, THE HUMAN RESOURCES DEPARTMENT MAINTAINS A JOB CLASSIFICATION AND SALARY SCHEDULE TO BE USED IN ESTABLISHING AND

Name of the organization NEIGHBORLY CARE NETWORK INC	Employer identification number 59-1218100
---------------------------------------------------------	----------------------------------------------

MAINTAINING SALARY GRADES AND SALARY RANGES FOR ALL JOB CLASSIFICATIONS.
 THE VICE PRESIDENT OF HUMAN RESOURCES PERIODICALLY REVIEWS SALARY SURVEYS
 FOR BOTH FOR-PROFIT AND NOT-FOR-PROFIT ENTITIES TO ENSURE THE
 ORGANIZATION'S SALARIES REMAIN COMPETITIVE.

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

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

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	61,155.
CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENT	845.
REVERSE 2019 LOSS ON IMPAIRMENT OF PROPERTY HELD FOR SALE (REALIZED 2020)	2,450,814.
TOTAL TO FORM 990, PART XI, LINE 9	2,512,814.

FORM 990, PART XII, LINE 2C:
 THE FINANCE/AUDIT COMMITTEE, WORKING CLOSELY WITH THE EXECUTIVE
 DIRECTOR, CHIEF FINANCIAL OFFICER, AND THE TREASURER, REVIEWS THE
 ANNUAL AUDIT REPORTS OF THE ORGANIZATION. THE COMMITTEE OVERSEES
 IMPLEMENTATION OF THE ORGANIZATION'S INDEPENDENT ANNUAL AUDIT POLICY
 AND ANNUALLY RECOMMENDS TO THE BOARD AN INDEPENDENT CERTIFIED PUBLIC
 ACCOUNTING FIRM TO CONDUCT THE ORGANIZATION'S ANNUAL AUDIT.

NEIGHBORLY CARE NETWORK, INC.

**Financial Statements, Supplementary Financial Information
and Reports as Required by the Comptroller General
of the United States and the Uniform Guidance**

**December 31, 2021 and 2020
(With Independent Auditors' Report Thereon)**

NEIGHBORLY CARE NETWORK, INC.

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AUDITED FINANCIAL STATEMENTS



**Independent Auditors' Report on Financial Statements
and Supplementary Financial Information**

The Members of the Board of Directors
Neighborly Care Network, Inc.:

Opinion

We have audited the accompanying financial statements of Neighborly Care Network, Inc. (the "Organization"), which comprise the statements of financial position as of December 31, 2021 and 2020, and the related statements of activities and cash flows for the years then ended, the related statement of functional expenses for the year ended December 31, 2021, and the related notes to the financial statements.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

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

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

Report on Summarized Comparative Information

We have previously audited Neighborly Care Network, Inc.'s 2020 financial statements, and our report dated July 22, 2021 expressed an unmodified opinion on those financial statements. In our opinion, the summarized comparative information presented herein for the year ended December 31, 2020, is consistent, in all material aspects, with the audited financial statements from which it has been derived.

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards 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*, Chapter 10.650, *Rules of the State of Florida Auditor General* is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated July 14, 2022 on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

Mayer Hoffman McCann P.C.

July 14, 2022
St. Petersburg, Florida

NEIGHBORLY CARE NETWORK, INC.

Statements of Financial Position

December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets		
Current assets:		
Cash	\$ 518,402	132,739
Accounts receivable:		
Grants and contracts	1,109,700	1,411,079
Client fees and 3rd party insurance	125,668	309,022
Current portion of note receivable	13,474	12,944
Prepaid expenses	<u>107,123</u>	<u>103,614</u>
Total current assets	1,874,367	1,969,398
Investments	602,202	965,383
Receivable under charitable remainder trusts	639,592	591,865
Note receivable, less current portion	548,640	562,114
Property and equipment, net	2,065,019	1,894,588
Other assets	<u>36,198</u>	<u>36,198</u>
Total assets	<u>\$ 5,766,018</u>	<u>6,019,546</u>
Liabilities and Net Assets		
Current liabilities:		
Line of credit	\$ 274,632	-
Current installments of long-term debt	3,328	2,421
Accounts payable	508,541	494,365
Accrued expenses:		
Salaries and payroll taxes	132,165	112,951
Annual leave	211,116	210,866
Refundable advance	<u>35,063</u>	<u>50,000</u>
Total current liabilities	1,164,845	870,603
Long-term debt, less current installments	<u>148,831</u>	<u>147,579</u>
Total liabilities	1,313,676	1,018,182
Net assets:		
Without donor restrictions	3,210,548	3,441,381
With donor restrictions	<u>1,241,794</u>	<u>1,559,983</u>
Total net assets	<u>4,452,342</u>	<u>5,001,364</u>
Total liabilities and net assets	<u>\$ 5,766,018</u>	<u>6,019,546</u>

See accompanying independent auditors' report and notes to financial statements.

NEIGHORLY CARE NETWORK, INC.

Statement of Activities

**Year Ended December 31, 2021
(With Comparative Totals for 2020)**

	Without Donor Restrictions	With Donor Restrictions	Total	
			2021	2020
Operating support and revenue:				
Public support:				
Grants and contracts	\$ 6,375,449	-	6,375,449	7,485,045
Contributions	269,611	-	269,611	367,812
United Way allocations	-	-	-	10,165
In-kind support	362,568	-	362,568	308,317
Client fees:				
Adult day care	420,768	-	420,768	265,606
Nutrition	534,413	-	534,413	362,271
Other	57,492	-	57,492	86,607
Other revenue	122,323	-	122,323	83,100
Endowment return utilized in operations	430,000	-	430,000	290,000
Net assets released from restrictions:				
Satisfaction of use restrictions	8,064	(8,064)	-	-
Total operating support and revenue	8,580,688	(8,064)	8,572,624	9,258,923
Operating expenses:				
Program services	7,561,870	-	7,561,870	7,767,536
Supporting services	1,526,116	-	1,526,116	1,661,315
Total operating expenses	9,087,986	-	9,087,986	9,428,851
Change in net assets from operations	(507,298)	(8,064)	(515,362)	(169,928)
Other changes:				
Capital grants	270,875	-	270,875	-
Investment return	-	66,819	66,819	57,030
Endowment return utilized in operations	-	(430,000)	(430,000)	(290,000)
Change in value of split-interest agreements	-	53,056	53,056	61,155
Gain on sale of equipment	5,590	-	5,590	61
Gain on interest rate swap	-	-	-	845
Total other changes	276,465	(310,125)	(33,660)	(170,909)
Change in net assets	(230,833)	(318,189)	(549,022)	(340,837)
Net assets, beginning of year	3,441,381	1,559,983	5,001,364	5,342,201
Net assets, end of year	\$ 3,210,548	1,241,794	4,452,342	5,001,364

NEIGHBORLY CARE NETWORK, INC.

Statement of Activities

Year Ended December 31, 2020

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Operating support and revenue:			
Public support:			
Grants and contracts	\$ 7,485,045	-	7,485,045
Contributions	337,812	30,000	367,812
United Way allocations	10,165	-	10,165
In-kind support	308,317	-	308,317
Client fees:			
Adult day care	265,606	-	265,606
Nutrition	362,271	-	362,271
Other	86,607	-	86,607
Other revenue	83,100	-	83,100
Endowment return utilized in operations	290,000	-	290,000
Net assets released from restrictions:			
Satisfaction of use restrictions	<u>59,420</u>	<u>(59,420)</u>	<u>-</u>
Total operating support and revenue	9,288,343	(29,420)	9,258,923
Operating expenses:			
Program services	7,767,536	-	7,767,536
Supporting services	<u>1,661,315</u>	<u>-</u>	<u>1,661,315</u>
Total operating expenses	<u>9,428,851</u>	<u>-</u>	<u>9,428,851</u>
Change in net assets from operations	(140,508)	(29,420)	(169,928)
Other changes:			
Investment return	-	57,030	57,030
Endowment return utilized in operations	-	(290,000)	(290,000)
Change in value of split-interest agreements	-	61,155	61,155
Loss on sale of equipment	61	-	61
Loss on interest rate swap	845	-	845
Total other changes	<u>906</u>	<u>(171,815)</u>	<u>(170,909)</u>
Change in net assets	(139,602)	(201,235)	(340,837)
Net assets, beginning of year	<u>3,580,983</u>	<u>1,761,218</u>	<u>5,342,201</u>
Net assets, end of year	\$ <u><u>3,441,381</u></u>	<u><u>1,559,983</u></u>	<u><u>5,001,364</u></u>

NEIGHBORLY CARE NETWORK, INC.

Statement of Functional Expenses

**Year Ended December 31, 2021
(With Comparative Totals for 2020)**

	Program Services						Supporting Services			Total Expenses	
	Adult Day Care	Transportation	Nutrition	Other Programs	Program Maintenance	Total	General and Administrative	Fundraising	Total	2021	2020
	Salaries and wages	\$ 603,407	720,162	1,161,123	1,113	41,563	2,527,368	592,009	130,402	722,411	3,249,779
Payroll taxes	46,356	57,696	91,873	91	3,657	199,673	47,497	10,379	57,876	257,549	244,366
Employee benefits	133,377	140,154	182,211	438	12,994	469,174	146,342	25,208	171,550	640,724	621,688
Total personnel related expenses	783,140	918,012	1,435,207	1,642	58,214	3,196,215	785,848	165,989	951,837	4,148,052	3,988,627
Contract and professional fees	2,634	54,637	3,863	-	-	61,134	58,071	25,631	83,702	144,836	104,320
Communications and utilities	25,636	3,431	75,078	-	6,402	110,547	9,173	389	9,562	120,109	104,829
Occupancy allocation	-	26,112	52,971	-	(319,894)	(240,811)	229,819	10,992	240,811	-	-
Repairs and maintenance	40,696	184,743	85,701	-	1,261	312,401	34,024	10,663	44,687	357,088	325,215
Insurance	27,427	128,992	77,292	-	62,512	296,223	2,348	587	2,935	299,158	263,701
Postage, printing and supplies	16,765	6,944	35,473	29	26,416	85,627	7,867	21,093	28,960	114,587	193,526
Food costs	24,889	-	2,757,751	-	-	2,782,640	-	-	-	2,782,640	3,411,416
Equipment	189	40	228	-	2,124	2,581	31,399	3,168	34,567	37,148	29,655
Vehicle expenses	-	136,287	25,881	-	1,050	163,218	-	-	-	163,218	105,648
Travel	3,651	55	17,681	-	-	21,387	486	1,704	2,190	23,577	24,513
Operating expenses	24,486	5,063	19,946	-	154,872	204,367	11,729	1,744	13,473	217,840	181,835
Financing charges and bank fees	-	-	-	-	3,380	3,380	4,087	1,689	5,776	9,156	12,890
Interest	6	-	-	-	-	6	8,278	-	8,278	8,284	36,841
In-kind	8,395	20,133	274,454	-	-	302,982	56,096	3,490	59,586	362,568	308,317
Other	1,673	326	550	-	86	2,635	5,187	245	5,432	8,067	12,738
Total expenses before depreciation and amortization	959,587	1,484,775	4,862,076	1,671	(3,577)	7,304,532	1,244,412	247,384	1,491,796	8,796,328	9,104,071
Depreciation and amortization	35,525	176,989	41,247	-	3,577	257,338	34,320	-	34,320	291,658	324,780
Total expenses - 2021	\$ 995,112	1,661,764	4,903,323	1,671	-	7,561,870	1,278,732	247,384	1,526,116	9,087,986	
Total expenses - 2020	\$ 826,710	1,662,160	5,269,517	9,149	-	7,767,536	1,433,310	228,005	1,661,315		9,428,851

See accompanying independent auditors' report and notes to financial statements.

NEIGHBORLY CARE NETWORK, INC.

Statements of Cash Flows

Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Cash flows from operating activities:		
Change in net assets	\$ (549,022)	(340,837)
Adjustments to reconcile change in net assets to net cash used in operating activities:		
Depreciation and amortization	291,658	324,780
Net realized and unrealized gains on investments	(57,977)	(37,217)
Change in value of split-interest agreements	(53,056)	(61,155)
Gain on interest rate swap	-	(845)
Gain on sale of equipment	(5,590)	(61)
Government grants to acquire and improve capital assets	(270,875)	-
Noncash interest expense	3,788	-
Changes in assets and liabilities:		
Receivables	490,062	(605,683)
Prepaid expenses and other assets	(3,509)	(43,264)
Accounts payable	14,176	147,213
Accrued expenses	19,464	65,974
Refundable advance	<u>(14,937)</u>	<u>50,000</u>
Net cash used in operating activities	(135,818)	(501,095)
Cash flows from investing activities:		
Proceeds from sale and maturity of investments	1,019,543	1,417,915
Purchases of investments	(598,385)	(1,147,728)
Principal payments received under note receivable	12,944	13,525
Proceeds from the sale of property	-	176,522
Proceeds from sale of equipment	5,590	269
Purchases of property and equipment	<u>(462,089)</u>	<u>(232,895)</u>
Net cash provided by (used in) investing activities	(22,397)	227,608
Cash flows from financing activities:		
Government grants to acquire and improve capital assets	270,875	-
Net borrowings under line of credit	274,632	-
Payment of obligation under interest rate swap agreement	-	(367,400)
Proceeds received from issuance of long-term debt	-	150,000
Principal paid on long-term debt	<u>(1,629)</u>	<u>-</u>
Net cash provided by (used in) financing activities	<u>543,878</u>	<u>(217,400)</u>
Net increase (decrease) in cash	385,663	(490,887)
Cash at beginning of year	<u>132,739</u>	<u>623,626</u>
Cash at end of year	\$ <u>518,402</u>	\$ <u>132,739</u>
Supplemental cash flow information:		
Cash paid for interest	\$ <u>4,496</u>	\$ <u>43,364</u>
Repayment of bonds payable from sale of property held for sale	\$ <u>-</u>	\$ <u>2,985,000</u>

See accompanying independent auditors' report and notes to financial statements.

NEIGHBORLY CARE NETWORK, INC.

Notes to the Financial Statements

December 31, 2021 and 2020

(1) Summary of Significant Accounting Policies

(a) Nature of Operations

Neighborly Care Network, Inc. (the "Organization"), is a nonprofit organization which exists to provide programs and services for mature adults, primarily in Pinellas County, Florida. The Organization provides a variety of senior care services through programs including: care management, nutrition services programs primarily known as "meals on wheels," Medicaid transportation services, adult day care, and pharmacy services.

Significant portions of the Organization's funds for operations are received from federal, state, county and municipal governmental units. Federal and state funds are received primarily through the Area Agency on Aging of Pasco - Pinellas, Inc., which acts as an intermediary between the Organization and the funding sources. Acceptance of funding provided by these grants requires compliance with prescribed conditions and other special requirements, including the furnishing of certain program support from non-governmental sources.

(b) Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Operating revenues consist of amounts received through the Organization's general program operations. Other receipts not associated with the Organization's general operations are classified as other revenues. Net assets, revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions.

Net assets of the Organization and changes therein are classified and reported as follows:

Net Assets Without Donor Restrictions include net assets that are not subject to donor imposed stipulations and are fully available to utilize for any program or supporting services.

Net Assets With Donor Restrictions consist of net assets whose use is limited by donor-imposed time and/or purpose restrictions. The Organization reports gifts of cash and other assets as revenue with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or a purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and presented as net assets released from restrictions.

Some net assets with donor restrictions include a stipulation that the assets be maintained in perpetuity while permitting the Organization to spend the income generated by the assets in accordance with the provisions of additional donor imposed stipulations or a Board approved spending policy.

NEIGHBORLY CARE NETWORK, INC.

Notes to the Financial Statements - Continued

(1) Summary of Significant Accounting Policies - Continued

(c) Cash

Cash consists of bank deposits and petty cash. The Federal Deposit Insurance Corporation (“FDIC”) covers \$250,000 for substantially all depository accounts. The Organization from time to time may have amounts on deposit in excess of the insured limits. As of December 31, 2021 and 2020, the Organization had \$310,753 and \$55,124, respectively, which exceeded these insured amounts.

(d) Accounts Receivable

Accounts receivable are stated at unpaid balances, less an allowance for doubtful accounts. The Organization provides for losses on accounts receivable using the allowance method. The allowance is based on historical experience, third party contracts, and other circumstances, which may affect the ability of payors to meet their obligations. Receivables are considered fully impaired if full principal payments are not received in accordance with contractual terms. It is the Organization’s policy to charge off uncollectible accounts receivable when management determines the receivable will not be collected. As of December 31, 2021 and 2020, all accounts were considered to be collectible, therefore, the Organization did not record an allowance for doubtful accounts.

(e) Investments

Investments include marketable debt and equity securities with readily determinable fair values. Unrealized gains and losses are reported in the accompanying statements of activities as a component of investment return. Restrictions on investment earnings are reported as increases in net assets without donor restrictions if the restrictions expire or are otherwise satisfied in the fiscal year in which the earnings are recognized.

(f) Property and Equipment

Property and equipment are carried at cost, if purchased, or at estimated fair value at date of receipt if obtained by gift. Depreciation is computed using the straight-line method over the estimated useful lives of the assets, which range from 3 to 40 years. Expenditures for assets in excess of \$1,000 with an estimated useful life greater than one year are capitalized.

(g) Fair Value Measurements

In accordance with Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) Topic 820, *Fair Value Measurement*, the Organization uses a fair value hierarchy that prioritizes inputs to valuation techniques used to measure fair value into three levels: quoted market prices that are observable for the asset or liability (Level 1); inputs other than quoted market prices that are observable for the asset or liability, either directly or indirectly (Level 2); and unobservable inputs for the asset or liability (Level 3).

NEIGHBORLY CARE NETWORK, INC.

Notes to the Financial Statements - Continued

(1) Summary of Significant Accounting Policies - Continued

(h) Contributions

Contributions, including unconditional promises to give, are recorded when made. All contributions are available for unrestricted use unless specifically restricted by the donor. Conditional promises to give are recognized when the conditions on which they depend are substantially met.

Contributions that are restricted by the donor are reported as an increase in net assets without donor restrictions if the restriction expires in the reporting period in which the support is recognized. All other donor-restricted contributions are reported as an increase in net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

(i) In-Kind Contributions

Contributions of non-cash assets, including contributed building space usage, and contributions of donated services that create or enhance nonfinancial assets or that require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation, are recorded at fair value in the period received. Contributions of donated services not meeting these specified criteria are not recorded in the financial statements.

(j) Grants Revenue

A significant portion of the Organization's revenue is derived from cost-reimbursable or unit based federal, state and local grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenditures. Amounts received are recognized as revenue when the Organization has provided program services and incurred expenditures in compliance with specific grant provisions. Grants awarded for the acquisition of long-lived assets are reported as nonoperating revenue without donor restrictions, in the absence of donor stipulations to the contrary, during the fiscal year in which the assets are placed in service.

(k) Revenue Recognition

Client service fees consist of care management, nutrition and certain other services paid by clients or by insurance companies under the terms of negotiated contracts. Client service fees are recognized over time when the services are provided based on standard charges, net of any contractual adjustments under insurance contracts. Care management services are billed monthly and amounts collected in advance are recorded as deferred revenue. Revenue for other fee-based services are recognized as services are provided.

NEIGHBORLY CARE NETWORK, INC.

Notes to the Financial Statements - Continued

(1) Summary of Significant Accounting Policies - Continued

(l) Statement of Functional Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of functional expenses. Expenses directly attributable to a specified functional area of the Organization are reported as direct expenses of those functional areas while indirect costs that benefit multiple functional areas have been allocated among the functional areas based on time spent by employees or based on the square footage analysis of occupancy-related costs for each functional area. Interagency expenses represent transportation, meals and pharmacy expenses that were provided to the adult day care program and allocated based on the relative value units benefitted.

(m) Income Taxes

Neighborly Care Network, Inc. is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code, and has been determined not to be a private foundation. Under Internal Revenue Service regulations, Neighborly Pharmacy, LLC is treated as a disregarded entity single member LLC and was, therefore, treated as a division of the Organization, rendering it exempt from federal income taxes.

The Organization has adopted ASC Topic 740, *Income Taxes*. ASC Topic 740 prescribes a recognition and measurement standard for uncertain tax positions taken or expected to be taken in a tax return. The Organization does not believe it has any material income tax exposure relating to uncertain tax positions. The Organization's income tax filings remain subject to examination for a period of three years after filing.

(n) Going Concern Evaluation

On an annual basis, as required by ASC Topic 205, *Presentation of Financial Statements - Going Concern*, the Organization performs an evaluation to determine whether there are conditions or events (known and reasonably knowable), considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

(o) Reclassifications

Certain amounts in the 2020 financial statements have been reclassified to conform to the 2021 presentation.

(p) Advertising

The Organization expenses advertising costs as incurred. Advertising expense for the years ended December 31, 2021 and 2020 was \$15,401 and \$11,112, respectively.

NEIGHBORLY CARE NETWORK, INC.

Notes to the Financial Statements - Continued

(1) Summary of Significant Accounting Policies - Continued

(q) Recent Accounting Pronouncements

In February 2016, the FASB issued Accounting Standards Update (“ASU”) No. 2016-02, *Leases (Topic 842)*. The guidance in this ASU supersedes the leasing guidance in Topic 840, *Leases*. Under the new guidance, lessees are required to recognize lease assets and lease liabilities on the statement of financial position for all leases with terms longer than 12 months. Leases will be classified as either finance or operating, with classification affecting the pattern of expense recognition in the statement of activities. In June 2020, the FASB issued ASU No. 2020-05, which deferred the effective date for all entities that have not yet adopted Topic 842 to annual reporting periods beginning after December 15, 2021. A modified retrospective transition approach is required for lessees for capital and operating leases existing at, or entered into after, the beginning of the earliest comparative period presented in the financial statements, with certain practical expedients available. The Organization is currently evaluating the full effect that the adoption of this standard will have on the financial statements.

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

(2) Investments

At December 31, 2021 and 2020, the cost and market values of investments are as follows:

	2021		2020	
	Cost	Market	Cost	Market
Investments:				
Money market funds	\$ 33,550	33,550	18,740	18,740
Fixed income securities	693	685	3,104	3,103
Common stock	92,158	125,691	127,724	142,482
Equity mutual funds	185,621	188,628	478,984	496,121
Exchange traded funds	200,821	253,648	279,584	304,937
	\$ 512,843	602,202	908,136	965,383

The Organization’s investments in fixed income and equity securities are not concentrated in a single entity or in a few entities, nor are there any specific industry concentrations.

NEIGHBORLY CARE NETWORK, INC.

Notes to the Financial Statements - Continued

(2) Investments - Continued

The following schedule summarizes investment return for the years ended December 31, 2021 and 2020:

	2021	2020
Dividend and interest income	\$ 16,532	28,437
Realized and unrealized gains	57,977	37,217
Investment management fees	(7,690)	(8,624)
	\$ 66,819	57,030

(3) Receivable under Charitable Remainder Trusts

The Organization has been named a remainder beneficiary under a charitable remainder trust. The remainder trust provides for the payment of periodic distributions to income beneficiaries over the twenty-five year term of the trust. One-third of the remainder is distributed after fifteen years, one-third is distributed after twenty years and the final one-third is distributed after twenty-five years the receivable under charitable remainder trusts is reported at the estimated fair market value of the Organization's remainder interest. The value of these assets is determined based on Level 3 criteria defined in Note 17, which includes the fair value of assets contributed by the donor less the fair value of payments to be made to other beneficiaries.

(4) Note Receivable

In October 2016, the Organization sold its Tarpon Springs location. As a result of the sale, the Organization received a \$625,000 promissory note from the buyer. Principal and interest payments are due monthly beginning November 1, 2016 through November 1, 2046 in the amount of \$2,984. The note bears interest at 4%. The balance of the note receivable as of December 31, 2021 and 2020 was \$562,114 and \$575,058, respectively.

(5) Property and Equipment

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

	2021	2020
Land	\$ 686,553	686,553
Building and improvements	1,251,691	1,143,084
Computer hardware and software	1,726,022	1,722,250
Furniture and transportation equipment	3,274,983	3,043,399
	6,939,249	6,595,286
Less accumulated depreciation	(4,874,230)	(4,700,698)
	\$ 2,065,019	1,894,588

Depreciation expense for the years ended December 31, 2021 and 2020 was \$291,658 and \$324,780, respectively.

NEIGHBORLY CARE NETWORK, INC.

Notes to the Financial Statements - Continued

(6) Line of Credit

On March 5, 2021, the Organization entered into a line of credit agreement with Valley National Bank which allows the Organization to borrow up to \$500,000. Draws under the line of credit are due on demand and bear interest at the Wall Street Journal prime rate plus 50 basis points (3.75% at December 31, 2021). The line of credit agreement includes certain affirmative and negative covenants. At December 31, 2021, the Organization was out of compliance with one financial covenant, however, Valley National Bank issued a waiver for this noncompliance. The balance of the line of credit as of December 31, 2021 was \$274,632.

(7) Long-Term Debt

In August 2008, the Organization borrowed \$5.1 million, funded by the issuance of Variable Rate Revenue Bonds, Series 2008, through the Pinellas County Industrial Development Authority (“PCIDA 2008 Bonds”). This borrowing was for the purpose of funding the construction of the Evergreen facility, which was occupied in May 2010. The PCIDA 2008 Bonds mature between 2010 and 2028. Under the terms of the 2008 debt agreement with the PCIDA, the Organization is responsible for payment of interest on the bonds and for repayment of bond principal. In connection with the sale of the Organization’s largest facility in January 2020, the Organization paid off its bond obligation in full. Interest expense on the bonds payable for the year ended December 31, 2020 was \$36,841.

On May 31, 2020, the Organization received \$150,000 of proceeds under a U.S. Small Business Administration (“SBA”) Economic Injury Disaster Loan (“EIDL”) which bears interest at 2.75% and is payable in monthly installments of \$641, including principal and interest, over 30 years beginning June 2, 2021. The loan is secured by an interest in all tangible and intangible property. The aggregate maturities of long-term debt, including initial accrued interest, for each of the five years subsequent to December 31, 2021 and thereafter are as follows:

<u>Year Ending December 31,</u>	
2022	\$ 3,328
2023	3,782
2024	3,888
2025	3,996
2026	4,107
Thereafter	<u>133,058</u>
Total maturities	152,159
Less current installments of long-term debt	<u>3,328</u>
Long-term debt, less current installments	<u>\$ 148,831</u>

NEIGHBORLY CARE NETWORK, INC.

Notes to the Financial Statements - Continued

(8) Interest Rate Swap

On September 1, 2008, the Organization entered into a variable-to-fixed interest rate swap agreement in the initial notional amount of \$5.1 million which effectively fixed the rate of interest incurred under the Variable Rate Revenue Bonds described in Note 6 at 3.38%. The term of the agreement extended over the maturity period of the Variable Rate Revenue Bonds, Series 2008, with the notional amount being reduced through bond maturity in fiscal year 2028. Net cash amounts paid or received under the agreement were recognized as an adjustment to interest expense. In connection with the sale of the Organization's Clearwater facility, the Organization terminated the interest rate swap agreement by paying off the remaining obligation in the amount of \$367,400.

The Organization accounted for the interest rate swap in accordance with ASC Topic 815, *Derivatives and Hedging*. ASC Topic 815 requires that all derivative instruments be recorded in the statement of financial position at fair value and that changes in fair value be reflected as a component of the Organization's change in net assets. For the year ended December 31, 2020, the Organization recognized unrealized net gains of \$845, from the change in the fair value of the interest rate swap agreement.

(9) Leases

Upon sale of the Clearwater facility, the Organization entered into a lease agreement with the new owner to lease a portion of the facility to maintain certain programs and supporting services under an operating lease agreement that expires in January 2023. The Organization also leases certain other office and warehouse facilities and certain office equipment under leases classified as operating leases. Rent expense for the years ended December 31, 2021 and 2020 was approximately \$183,000 and \$149,000, respectively.

Future minimum lease payments under noncancellable operating leases as of December 31, 2021 is as follows:

<u>Year Ending December 31,</u>	
2022	\$ 181,361
2023	43,526
2024	30,996
2025	30,996
2026	30,996
Thereafter	<u>100,737</u>
	<u>\$ 418,612</u>

NEIGHBORLY CARE NETWORK, INC.

Notes to the Financial Statements - Continued

(10) Net Assets With Donor Restrictions

Net assets with donor restrictions as of December 31, 2021 and 2020 relate to assets contributed by donors and other funding sources for specific purposes and time periods as follows:

	<u>2021</u>	<u>2020</u>
Subject to use restrictions:		
Receivable under charitable remainder trust	639,592	591,865
Other contributions	-	2,735
	<u>639,592</u>	<u>594,600</u>
Endowments restricted in perpetuity:		
Meals on Wheels endowment	598,325	959,169
Lealman Adult Day Care Center endowment	2,584	2,071
General endowment	1,293	4,143
	<u>602,202</u>	<u>965,383</u>
Total net assets with donor restrictions	<u>\$ 1,241,794</u>	<u>1,559,983</u>

(11) Endowments

The Organization's endowments include both donor-restricted endowment funds and funds designated by the Board of Directors to function as endowments. As required by U.S. generally accepted accounting principles, net assets associated with endowment funds are classified based on the existence or absence of donor-imposed restrictions.

The Board has interpreted the *Florida Uniform Prudent Management of Institutional Funds Act* ("UPMIFA"), effective July 1, 2012, as requiring the preservation of the historic dollar value of the original gift as of the gift date of the donor restricted endowment funds, absent explicit donor stipulation to the contrary. As a result of this interpretation, the Organization retains in perpetuity: the original value of gifts donated to the endowments; the original value of subsequent gifts to the endowments; and any accumulations to the endowments made in accordance with the direction of the applicable donor gift instrument. Donor-restricted amounts not retained in perpetuity are subject to appropriation for expenditure by the Organization in a manner consistent with the standard of prudence prescribed by UPMIFA.

NEIGHBORLY CARE NETWORK, INC.

Notes to the Financial Statements - Continued

(11) Endowments - Continued

Endowment Funds with Deficits

From time to time certain donor-restricted endowment funds may have fair values less than the amount required to be maintained by donors or by law (underwater endowments). These deficits resulted from unfavorable market fluctuations that generally occurred shortly after authorized distributions that were deemed prudent. The Organization has interpreted UPMIFA to permit the spending from underwater endowments in accordance with prudent measures required under law.

At December 31, 2021, the Organization's endowment funds with deficiencies were reported in net assets with donor restrictions as follows:

Fair value of endowments	\$	602,202
Original endowment gifts		<u>1,563,548</u>
Deficiencies of underwater endowment funds	\$	<u><u>(961,346)</u></u>

Return Objectives and Spending Policy

The investment policy for donor-restricted endowment funds is to produce long-term returns while also providing current income to fund related programs. This is currently achieved by investing primarily in equities and fixed income securities. The Board of Directors approves annual spending plans based on the needs of the endowed programs, the expected long term rate of return on investments and the possible effect of inflation and deflation.

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

	<u>Net Assets Without Donor Restrictions</u>	<u>Net Assets With Donor Restrictions</u>	<u>Total</u>
2021:			
Donor-restricted endowment funds	\$ -	602,202	602,202
	<u>\$ -</u>	<u>602,202</u>	<u>602,202</u>
2020:			
Donor-restricted endowment funds	\$ -	965,383	965,383
	<u>\$ -</u>	<u>965,383</u>	<u>965,383</u>

NEIGHBORLY CARE NETWORK, INC.

Notes to the Financial Statements - Continued

(11) Endowments - Continued

Return Objectives and Spending Policy - Continued

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

	Net Assets Without Donor Restrictions	Net Assets With Donor Restrictions	Total
Endowment net assets at December 31, 2019	\$ -	1,198,353	1,198,353
Investment return	-	57,030	57,030
Appropriation of endowment assets pursuant to spending policy	-	(290,000)	(290,000)
Endowment net assets at December 31, 2020	-	965,383	965,383
Investment return	-	66,819	66,819
Appropriation of endowment assets pursuant to spending policy	-	(430,000)	(430,000)
Endowment net assets at December 31, 2021	\$ -	602,202	602,202

(12) In-Kind Contributions

The Organization is required to furnish program funds from non-governmental sources in order to meet certain federal and state matching requirements. Program funds may be obtained by cash and in-kind contributions. In-kind contributions consist of donated services, supplies, equipment and the use of group dining and day care facilities. Donated services include paraprofessionals, volunteers, bus and van drivers and aides at the day care centers. Only donated services that meet the requirements as discussed in Note 1 are recorded in the financial statements.

Donated services that did not meet the criteria for recognition in the financial statements and are not reported in the financial statements were \$1,267,872 and \$1,020,578 for the years ended December 31, 2021 and 2020, respectively.

NEIGHBORLY CARE NETWORK, INC.

Notes to the Financial Statements - Continued

(13) Liquidity and Availability of Resources

The Organization is supported by both unrestricted and restricted contributions. Because a donor's restriction requires resources to be used in a particular manner or in a future period, the Organization must maintain sufficient resources to meet those responsibilities to its donors. Thus, financial assets may not be available for general expenditure within one year. As part of the Organization's liquidity management, it has a policy to structure its financial assets to be available as its general expenditure, liabilities and other obligations come due. As of December 31, 2021 and 2020, the Organization's financial assets available to meet cash needs for general expenditures within one year are as follows:

	2021	2020
Financial assets:		
Cash	\$ 518,402	132,739
Accounts receivable	1,235,368	1,720,101
Note receivable	562,114	575,058
Investments	602,202	965,383
Receivables under charitable remainder trusts	639,592	591,865
Total financial assets	3,557,678	3,985,146
Less amounts unavailable for general expenditure within one year due to:		
Contractual or donor restrictions:		
Donor imposed restrictions	(639,592)	(594,600)
Endowments	(602,202)	(965,383)
Noncurrent portion of note receivable	(548,640)	(562,114)
	\$ 1,767,244	1,863,049

(14) Retirement Plan

A 403(b) Retirement Savings Plan (the "Plan") was established by the Organization on July 1, 2001, and was amended and restated effective January 1, 2009. Employees are eligible to participate in the Plan immediately, and participate in receiving matching contributions from the Organization on the first day of the calendar month that coincides with, or immediately follows, the later of (a) the date the employee completes one full year of employment or (b) the date the employee attains 18 years of age. A participant may elect to make contributions, subject to certain limitations, and the Organization, at its discretion, may contribute annually to the Plan. Contributions vest to employees immediately. Effective January 1, 2019, the Organization amended the employer match to 5% of eligible compensation. The Organization's contributions to the Plan for the years ended December 31, 2021 and 2020 were \$136,200 and \$124,300, respectively, representing 5% of eligible compensation in 2021 and 2020, respectively.

NEIGHBORLY CARE NETWORK, INC.

Notes to the Financial Statements - Continued

(15) Concentration of Revenue and Other Support

One funding source provided approximately 62% and 43% of the Organization's operating revenue and support (excluding endowment distributions) in 2021 and 2020, respectively.

(16) Contingencies

The Organization routinely enters into grant agreements and contracts with governmental agencies that provide for reimbursement of the eligible direct and indirect costs of providing certain of the Organization's program services. The grants and contracts are subject to audit or review and retroactive adjustment based on a final determination by the grantor of eligible reimbursable expenditures. The effect of such adjustments, if any, on the Organization's financial statements cannot be determined at this time and no provision has been made for any such adjustment in the accompanying financial statements.

From time to time, the Organization is involved in legal claims arising in the ordinary course of its operations. Management believes any liability incurred in connection with these claims would be nominal in amount and covered under the Organization's insurance policies. In the opinion of management, no material liability exists with respect to these claims.

(17) Fair Value Measurements

Fair value is the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The fair value hierarchy, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value, provides three levels of inputs used to measure fair value:

Level 1: Quoted prices in active markets for identical assets or liabilities;

Level 2: Quoted prices for similar assets and liabilities in active markets or inputs that are observable;

Level 3: Inputs that are unobservable (for example, cash flow modeling based on assumptions).

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The Organization did not change its valuation techniques during the year.

NEIGHBORLY CARE NETWORK, INC.

Notes to the Financial Statements - Continued

(17) Fair Value Measurements - Continued

Fair value of assets and liabilities measured on a recurring basis as of December 31, 2021 and 2020 are as follows:

	Fair Value at December 31, 2021	Level 1	Level 2	Level 3
Assets:				
Investments:				
Money market funds	\$ 33,550	33,550	-	-
Equity securities:				
Common stock	125,691	125,691	-	-
Mutual funds	188,628	188,628	-	-
Exchange traded funds	253,648	253,648	-	-
Fixed income mutual funds	685	685	-	-
	<u>602,202</u>	<u>602,202</u>	<u>-</u>	<u>-</u>
Receivable under charitable remainder trust	<u>639,592</u>	<u>-</u>	<u>-</u>	<u>639,592</u>
	<u>\$ 1,241,794</u>	<u>602,202</u>	<u>-</u>	<u>639,592</u>
	Fair Value at December 31, 2020	Level 1	Level 2	Level 3
Assets:				
Investments:				
Money market funds	\$ 18,740	18,740	-	-
Equity securities:				
Common stock	142,482	142,482	-	-
Mutual funds	496,121	496,121	-	-
Exchange traded funds	304,937	304,937	-	-
Fixed income mutual funds	3,103	3,103	-	-
	<u>965,383</u>	<u>965,383</u>	<u>-</u>	<u>-</u>
Receivable under charitable remainder trust	<u>591,865</u>	<u>-</u>	<u>-</u>	<u>591,865</u>
	<u>\$ 1,557,248</u>	<u>965,383</u>	<u>-</u>	<u>591,865</u>

NEIGHBORLY CARE NETWORK, INC.

Notes to the Financial Statements - Continued

(17) Fair Value Measurements - Continued

The following table sets forth a summary of the changes in fair value of assets using significant unobservable inputs (Level 3) for the years ended December 31, 2021 and 2020:

	<u>Receivable Under Charitable Remainder Trusts</u>
Balances at December 31, 2019	\$ 530,710
Total gains included in changes in net assets	61,155
Purchases, issues, sales and settlements:	
Purchases	-
Issues	-
Sales	-
Settlements	-
	<hr/>
Balances at December 31, 2020	591,865
Total gains included in changes in net assets	53,056
Purchases, issues, sales and settlements:	
Purchases	-
Issues	-
Sales	-
Settlements	(5,329)
	<hr/>
Balances at December 31, 2021	\$ <u><u>639,592</u></u>

(18) Subsequent Events

Management has evaluated subsequent events through July 14, 2022, the date the financial statements were available for issuance.

SUPPLEMENTARY FINANCIAL INFORMATION

NEIGHBORLY CARE NETWORK, INC.

Schedule of Expenditures of Federal Awards and State Financial Assistance

Year Ended December 31, 2021

Federal/State Agency Pass-through Entity/ Federal Program/State Project	Assistance Listing Number	Contract/ Grant Number	Expenditures	Transfers to Subrecipients
U.S. Department of Health and Human Services				
Passed through from the Florida Department of Elder Affairs and the Area Agency on Aging of Pasco-Pinellas, Inc.:				
<i>Aging Cluster:</i>				
Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers (Transportation)	93.044	EA 021-NCN	\$ 268,201	-
Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers (Adult Day Care)	93.044	EA 021-NCN	398,681	-
			666,882	-
Special Programs for the Aging, Title III, Part C, Nutrition Services (Congregate Meals)	93.045	EA 021-NCN	603,395	-
Special Programs for the Aging, Title III, Part C, Nutrition Services (Home Delivered Meals)	93.045	EA 021-NCN	1,968,088	-
Special Programs for the Aging, Title III, Part C, Nutrition Services (Congregate Meals) CCAA Coronavirus Consolidation Appropriation Act	93.045	ECV21-NCN	93,854	-
Special Programs for the Aging, Title III, Part C, Nutrition Services (Home Delivered Meals) CCAA Coronavirus Consolidation Appropriation Act	93.045	ECV21-NCN	628,102	-
			3,293,439	-
Nutrition Services Incentive Program	93.053	EA 021-NCN	233,512	-
Total Aging Cluster			4,193,833	-
Total U.S. Department of Health and Human Services			4,193,833	-
U.S. Department of Transportation				
Passed through from the Florida Department of Transportation:				
<i>Transit Services Cluster:</i>				
Enhanced Mobility of Seniors and Individuals with Disabilities (Capital)	20.513	435210-7-93-17	270,875	-
Enhanced Mobility of Seniors and Individuals with Disabilities (Operating)	20.513	G1T35	300,000	-
Total U.S. Department of Transportation			570,875	-
U.S. Department of Treasury				
Passed through from the Pinellas County Community Foundation:				
Coronavirus Relief Fund	21.019	PCF Pinellas CARES	170,522	-
Total U.S. Department of Treasury			170,522	-
U.S. Department of Agriculture				
Passed through from the Florida Department of Elder Affairs:				
Child and Adult Care Food Program	10.558	Y6069 20/21	11,026	-
Child and Adult Care Food Program	10.558	Y6069 21/22	4,763	-
Total U.S. Department of Agriculture			15,789	-

(Continued)

NEIGHBORLY CARE NETWORK, INC.

Schedule of Expenditures of Federal Awards and State Financial Assistance - Continued

Year Ended December 31, 2021

Federal/State Agency Pass-through Entity/ Federal Program/State Project	Assistance Listing / CSFA Number	Contract/ Grant Number	Expenditures	Transfers to Subrecipients
<i>U.S. Small Business Administration</i>				
Disaster Assistance Loans (Economic Injury Disaster Loan)	59.008	n/a	\$ 150,000	-
Total U.S. Small Business Administration			<u>150,000</u>	<u>-</u>
Total Expenditures of Federal Awards			<u>\$ 5,101,019</u>	<u>-</u>
<i>State of Florida Department of Elder Affairs</i>				
Passed through from the Area Agency on Aging of Pasco-Pinellas, Inc.:				
Local Services Programs - Home Delivered Meals	65.009	EL 020-NCN-2021	\$ 301,818	-
Local Services Programs - Transportation	65.009	EL 020-NCN-2021	168,105	-
Local Services Programs - Adult Day Care	65.009	EL 020-NCN-2021	61,998	-
Local Services Programs - Adult Day Care	65.009	EL 020-NCN-2021	<u>72,135</u>	<u>-</u>
Total State of Florida Department of Elder Affairs			<u>604,056</u>	<u>-</u>
<i>State of Florida Department of Transportation</i>				
Passed through from the Pinellas Suncoast Transit Authority (PSTA) acting as the Community Transportation Coordinator (CTC):				
Florida Commission for the Transportation Disadvantaged (CTD) Trip and Equipment Grant Program	55.001	CTC CONTRACTS	<u>180,159</u>	<u>-</u>
Total State of Florida Department of Transportation			<u>180,159</u>	<u>-</u>
Total Expenditures of State Financial Assistance			<u>\$ 784,215</u>	<u>-</u>

NEIGHBORLY CARE NETWORK, INC.

Notes to Schedule of Expenditures of Federal Awards and State Financial Assistance

Year Ended December 31, 2021

(1) Basis of Presentation

The accompanying Schedule of Expenditures of Federal Awards and State Financial Assistance (the “Schedule”) includes the federal and state grant activity of Neighborly Care Network, Inc. under programs of the federal government and state grant activity of the State of Florida for the year ended December 31, 2021. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (“Uniform Guidance”) and Chapter 10.650, *Rules of the State of Florida Auditor General*. Because the Schedule presents only a selected portion of the operations of Neighborly Care Network, Inc., it is not intended to and does not present the financial position, changes in net assets or cash flows of Neighborly Care Network, Inc. All federal awards and state projects passed through other government agencies are included in the accompanying schedule.

(2) Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in 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.

(3) Outstanding Loan

The Economic Injury Disaster Loan (“EIDL”) obtained in 2020 requires repayment of principal and interest starting in June 2021. The balance of the EIDL at December 31, 2021 was \$150,000.

(4) Other

Neighborly Care Network, Inc. has elected not to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance.

NEIGHBORLY CARE NETWORK, INC.

Schedule of Functional Expenses as Required by Area Agency on Aging of Pasco-Pinellas, Inc.

Year Ended December 31, 2021

	Program Services								Supporting Services			Total Expenses	
	Adult Day Care	Transportation	Nutrition - Meals	CARES Act Meals	Nutrition - Outreach	Nutrition - Education	Nutrition - Counseling	Non-DOEA Program Services	Total	General and Administrative	Fundraising		Total
Salaries and wages	\$ 603,407	720,162	1,090,396	2,694	11,672	7,850	27,995	63,192	2,527,368	592,009	130,402	722,411	3,249,779
Payroll taxes	46,356	57,696	86,078	328	943	635	2,256	5,381	199,673	47,497	10,379	57,876	257,549
Employee benefits	133,377	140,154	169,294	4,072	1,307	616	2,744	17,610	469,174	146,342	25,208	171,550	640,724
Total personnel related expenses	783,140	918,012	1,345,768	7,094	13,922	9,101	32,995	86,183	3,196,215	785,848	165,989	951,837	4,148,052
Contract and professional fees	2,634	54,637	3,863	-	-	-	-	-	61,134	58,071	25,631	83,702	144,836
Communications and utilities	25,636	3,431	74,803	275	-	-	-	6,402	110,547	9,173	389	9,562	120,109
Occupancy allocation	-	26,112	52,971	-	-	-	-	(319,894)	(240,811)	229,819	10,992	240,811	-
Repairs and maintenance	40,696	184,743	85,521	180	-	-	-	1,261	312,401	34,024	10,663	44,687	357,088
Insurance	27,427	128,992	77,214	78	-	-	-	62,512	296,223	2,348	587	2,935	299,158
Postage, printing and supplies	16,765	6,944	35,330	-	20	35	59	26,474	85,627	7,867	21,093	28,960	114,587
Food costs	24,889	-	2,476,418	-	-	-	-	281,333	2,782,640	-	-	-	2,782,640
Equipment	189	40	228	-	-	-	-	2,124	2,581	31,399	3,168	34,567	37,148
Vehicle expenses	-	136,287	25,881	-	-	-	-	1,050	163,218	-	-	-	163,218
Travel	3,651	55	16,254	-	1,358	-	69	-	21,387	486	1,704	2,190	23,577
Operating expenses	24,486	5,063	19,406	540	-	-	-	154,872	204,367	11,729	1,744	13,473	217,840
Financing charges and bank fees	-	-	-	-	-	-	-	3,380	3,380	4,087	1,689	5,776	9,156
Interest	6	-	-	-	-	-	-	-	6	8,278	-	8,278	8,284
In-kind	8,395	20,133	274,454	-	-	-	-	-	302,982	56,096	3,490	59,586	362,568
Other	1,673	326	550	-	-	-	-	86	2,635	5,187	245	5,432	8,067
Depreciation and amortization	35,525	176,989	41,247	-	-	-	-	3,577	257,338	34,320	-	34,320	291,658
	995,112	1,661,764	4,529,908	8,167	15,300	9,136	33,123	309,360	7,561,870	1,278,732	247,384	1,526,116	9,087,986
Allocation of:													
Interagency expenses	188,819	(194,860)	(10,229)	16,270	-	-	-	-	-	-	-	-	-
General and administrative expenses	207,408	289,748	381,525	4,313	2,703	1,614	5,851	5,123	898,285	(942,163)	43,878	(898,285)	-
	\$ 1,391,339	1,756,652	4,901,204	28,750	18,003	10,750	38,974	314,483	8,460,155	336,569	291,262	627,831	9,087,986
Total units	42,882	59,860	653,030	-	769	1,941	535						
Total reimbursed units	42,882	59,860	653,030	-	769	1,941	535						
Cost per unit	\$32.45	\$29.35	\$7.51	\$0	\$23.41	\$5.54	\$72.85						
Cost per reimbursed unit	\$32.45	\$29.35	\$7.51	\$0	\$23.41	\$5.54	\$72.85						

INTERNAL CONTROL AND COMPLIANCE



**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***

The Board of Directors
Neighborly Care Network, Inc.:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Neighborly Care Network, Inc. (a nonprofit organization), which comprise the statements of financial position as of December 31, 2021, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated July 14, 2022.

Report on Internal Control Over Financial Reporting

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

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

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

Report on Compliance and Other Matters

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

Purpose of this Report

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

Mayer Hoffman McCann P.C.

July 14, 2022
St. Petersburg, Florida



Independent Auditors’ Report on Compliance for Each Major Federal Program and State Financial Assistance Project and on Internal Control Over Compliance Required by the Uniform Guidance and Chapter 10.650, Rules of the State of Florida Auditor General

The Board of Directors
Neighborly Care Network, Inc.:

Report on Compliance for Each Major Federal Program and State Project

Opinion on Each Major Federal Program and State Project

We have audited Neighborly Care Network, Inc.’s compliance with the types of compliance requirements described in the 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 Neighborly Care Network, Inc.’s major federal programs and state project for the year ended December 31, 2021. Neighborly Care Network, Inc.’s major federal programs and state project are identified in the summary of auditors’ results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Organization complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs and state project.

Basis for Opinion on Each Major Federal Program and State Project

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (“GAAS”); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States of America; the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (“Uniform Guidance”); and Chapter 10.650, *Rules of the State of Florida Auditor General* (“Chapter 10.650”). Our responsibilities under those standards, the Uniform Guidance and Chapter 10.650 are further described in the Auditors’ Responsibilities for the Audit of Compliance section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program and state project. Our audit does not provide a legal determination of the Organization’s compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

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

Auditors' Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether to do with fraud or error, and express an opinion on the Organization's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, the Uniform Guidance, and Chapter 10.650 will always detect a material noncompliance when it exists. The risk of not detecting a material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Organization's compliance with the requirements of each major program and state project as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, the Uniform Guidance and Chapter 10.650, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Organization's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the Organization's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance and Chapter 10.650, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over compliance. Accordingly, no such opinion is expressed.

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

Report on Internal Control Over Compliance

A *deficiency in internal control* over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program 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 a combination of deficiencies, in internal control over compliance with a 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 charged with governance.

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

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

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

Mayer Hoffman McCann P.C.

July 14, 2022
St. Petersburg, Florida

NEIGHBORLY CARE NETWORK, INC.

Schedule of Findings and Questioned Costs

Year Ended December 31, 2021

(A) Summary of Auditors' Results

1. The auditors' report expresses an unmodified opinion on the financial statements of Neighborly Care Network, Inc.
2. No significant deficiencies or material weaknesses relating to the audit of the financial statements are reported in the 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*.
3. No instances of noncompliance material to the financial statements of Neighborly Care Network, Inc. were disclosed during the audit.
4. No material weaknesses or significant deficiencies in internal control over compliance relating to the audit of the major federal programs and state project are reported in the Independent Auditors' Report on Compliance for Each Major Federal Program and State Financial Assistance Project and on Internal Control Over Compliance Required by the Uniform Guidance and Chapter 10.650, *Rules of the State of Florida Auditor General*.
5. The auditors' report on compliance for the major federal award programs and state project for Neighborly Care Network, Inc. expresses an unmodified opinion.
6. Audit findings, if any, relative to the major federal award programs and state project for Neighborly Care Network, Inc. are reported in Part C and Part D of this schedule.

The programs tested as major federal programs and state project were:

Federal Programs

Aging Cluster:

Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers (AL No. 93.044)

Special Programs for the Aging, Title III, Part C, Nutrition Services (AL No. 93.045)

Nutrition Services Incentive Program (AL No. 93.053)

State Project

Local Services Programs (CSFA No. 65.009)

7. The threshold for distinguishing Types A and B programs was \$750,000 for major federal programs and \$300,000 for major state projects.
8. Neighborly Care Network, Inc. was determined to be a low-risk auditee.

NEIGHBORLY CARE NETWORK, INC.

Schedule of Findings and Questioned Costs - Continued

(B) Findings - Audit of the Financial Statements

None.

(C) Findings and Questioned Costs - Major Federal Award Programs

None.

(D) Findings and Questioned Costs - Major State Financial Assistance Project

None.



The Board of Directors
Neighborly Care Network, Inc.:

Report on Financial Statements

We have audited the financial statements of Neighborly Care Network, Inc. as of and for the years ended December 31, 2021 and 2020, and have issued our report thereon dated July 14, 2022.

Auditors' Responsibility

We conducted our audits in accordance with auditing standards generally accepted in the United States; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* ("Uniform Guidance"), and Chapter 10.650, *Rules of the State of Florida Auditor General*.

Other Reports and Schedule

We have issued our 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*, our Independent Auditors' Report on Compliance for Each Major Federal Program and State Financial Assistance Project and on Internal Control Over Compliance Required by the Uniform Guidance and Chapter 10.650, *Rules of the State of Florida Auditor General*, and the Schedule of Findings and Questioned Costs. Disclosures in those reports and schedule, which are dated July 14, 2022, should be considered in conjunction with this management letter.

Other Matter

Section 10.654(1)(e), *Rules of the State of Florida Auditor General*, requires that we address noncompliance with provisions of contracts or grant agreements, or abuse, that have occurred, or are likely to have occurred, that have an effect on the financial statements or state project amounts that is less than material but which warrants the attention of those charged with governance. In connection with our audit, we did not identify any such findings.

Purpose of This Letter

Our management letter is intended solely for the information and use of the Legislative Auditing Committee, members of the Florida Senate and the Florida House of Representatives, the Florida Auditor General, Federal and other granting agencies, and applicable management and is not intended to be and should not be used by anyone other than these specified parties.

Mayer Hoffman McCann P.C.

July 14, 2022
St. Petersburg, Florida



CERTIFICATE OF LIABILITY INSURANCE

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

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

PRODUCER Marsh & McLennan Agency Bouchard Region 101 N. Starcrest Drive Clearwater, FL 33765	CONTACT NAME: Sheli R. Cason PHONE (A/C, No, Ext): 727 447-6481 E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Neighborly Care Network, Inc. 13945 Evergreen Avenue Clearwater, FL 33762	INSURER A: Florida Insurance Trust	NAIC # 999999
	INSURER B: Associated Industries Insurance Co, Inc	23140
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:


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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			FITGL393902022	06/01/2022	06/01/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY			FITAU393902022	06/01/2022	06/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			FITXS393902022	06/01/2022	06/01/2023	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			AWC1182087	04/01/2022	04/01/2023	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Professional / Malpractice			FITGL393902022	06/01/2022	06/01/2023	\$1,000,000/\$3,000,000

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

CERTIFICATE HOLDER

CANCELLATION

Area Agency on Aging Gadsden Building 9549 Koger Blvd Ste 100 Saint Petersburg, FL 33702-0000	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

NUTRITION SITES

Pleasant Valley Baptist Church (PHD)

1 1700 Klosterman Rd., Palm Harbor, 34683
727-336-3027

Palm Lake Village (PLV) *QCD*

2 1515 County Rd. 1, Dunedin, 34698
727-336-3360

North Greenwood Recreation and Aquatic Complex (NGR) *QCD*

3 900 N. MLK, Jr. Ave., Clearwater, 33755
727-442-9162

Lake Seminole Presbyterian Church (LSP)

4 8505 113th St., Seminole, FL 33772
727-336-3263

Crystal Lakes Manor (CLM) *QCD*

5 4100 62nd Ave. N., Pinellas Park, 33781
727-408-0184

Gulfport Senior Center (GFP)

6 5501 27th Ave. S., Gulfport, 33707
727-336-3623

Sunshine Center (SUN)

7 330 5th St. N., St. Petersburg, 33701
727-336-3304


Enoch Davis Center (DAD) *QCD*

8 1111 18th Ave. S., St. Petersburg, 33705
727-336-3297

MEALS ON WHEELS

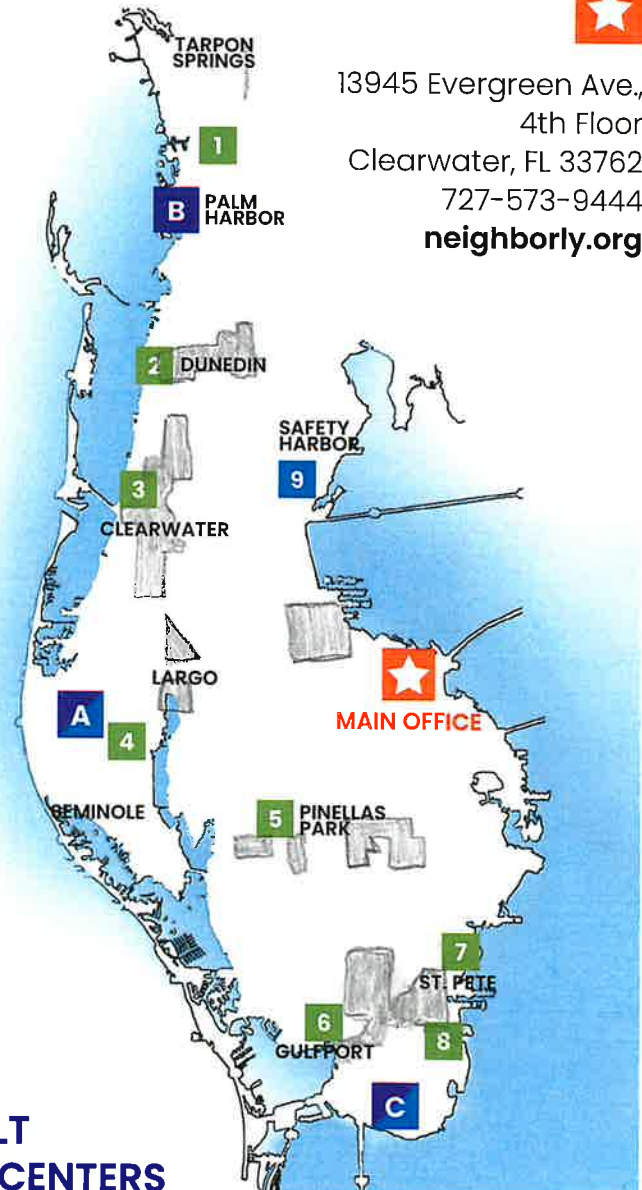
Safety Harbor (SFH)

9 225 5th Ave. S.
Safety Harbor, 34695
727-313-2230

 = Adult Day Center and Meals on Wheels Site



13945 Evergreen Ave.,
4th Floor
Clearwater, FL 33762
727-573-9444
neighborly.org



ADULT DAY CENTERS

Largo Adult Day Center (LAD)

A 11095 131st St., Largo, 33774
727-593-1253

Sunny Harbor Day Center (SHDC)

B 1015 Omaha Cir., Palm Harbor, 34683
727-754-1100

Evergreen Adult Day Center (EDC)

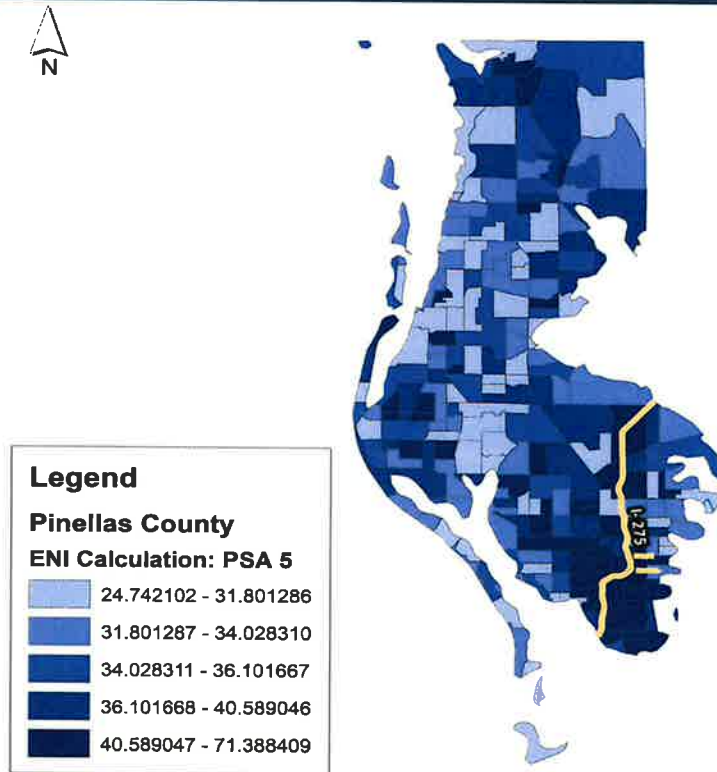
C 2601 54th Ave. S., St. Petersburg, 33712
727-954-6484

2021 Profile of Older Floridians

Pinellas County

This profile of older Floridians is a source of current information related to seniors in the county. Topics include the current and future population of older adults, the prevalence of older adults who experience financial and housing issues, the array of health and medical resources, and information related to disasters. As Florida's older adult population grows, awareness of these issues is needed to ensure that elders continue to be vital participants in their communities.

Elder Needs Index



The Elder Needs Index (ENI) is a measure that includes: (1) the percentage of the 60 and older population that is age 85 and older; (2) the percentage of the 55 and older population that are members of racial or ethnic minority groups; (3) the percentage of the 65 and older population with one or more disability; and (4) the percentage of the 55 and older population living below 125 percent of the Federal Poverty Level. ENI is an averaged score indicating older adults who may need social services within a geographic area. It is not a percentage of the area's population. Areas are color coded by their level of need, with light purple/blue areas representing areas with comparatively less need while the darker blue areas represent areas with high levels of need. The boundaries of Census Tracts correspond to the shape of each area on these maps. Interactive maps, viewing software, and a detailed user's guide are available at http://elderaffairs.state.fl.us/doea/eni_home.php.

The index cutpoints in the ENI is scaled at the PSA-level for the PSA and County Profiles Maps, and at the State-Level for the State of Florida map.

Source: Florida Department of Elder Affairs using U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Useful Websites

Bureau of Economic and Business Research (BEBR)
U.S. Census Bureau, American Community Survey (ACS)
U.S. Census Bureau, Quick Facts
Florida Agency for Health Care Administration (AHCA)
Florida Department of Elder Affairs (DOEA)
How to Become an Age Friendly Community

Florida Division of Emergency Management (Shelters)
Florida Housing Data Clearinghouse
County Chronic Disease Profile
Aging Integrated Database (AGID)
Florida DOEA ENI Maps