

Technology Needs to Support Programs and Staff

ARPA Nonprofit Capital Project Fund - Small Purchases

Voices of Hope for Aphasia

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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*

Voices of Hope for Aphasia

Proposal Name*

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

Technology Needs to Support Programs and Staff

EIN*

45-3554825

Incorporation Year*

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

2011

Organizational Mission Statement*

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

Voices of Hope for Aphasia reconnects people living with a language disorder due to stroke or other brain injury with their lives through innovative programs. We enhance quality of life, provide training and tools, promote collaboration and growth of the aphasia community, and educate the public about aphasia.

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

Annual Operating Budget Size*

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

\$290,000.00

Amount Requested*

The maximum grant amount is \$199,999.

\$5,798.45

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?

Voices of Hope for Aphasia has been offering programs to people with aphasia and their loved ones since 2012.

Voices of Hope for Aphasia (VOH) is the only community-based aphasia center in the Tampa Bay area and one of only a dozen across the country, despite the fact that research has proven that life-participation based programs, like ours, are highly effective in addressing issues of poor quality of life and poor quality of health in the over 2 million people in the United States who live with aphasia.

Aphasia affects the way a person communicates and comprehends but does not diminish intellect. Being able to effectively communicate is essential for day-to-day life. People with aphasia tend to withdraw with severe

consequences; significant physical & mental health issues, decreased quality of life, barriers to healthcare, and devastating financial impacts. Fortunately, it's widely reported that social supports, such as those provided by VOH, have "strong protective effects on health." Our innovative programs provide opportunities for people with aphasia to expand their communication, increase connections, and improve quality of life through supported activities. Although not speech therapy, our programs are based on the principles of evidence-based treatment approaches.

Our six programs offer opportunities for people with aphasia to practice and increase communication in group activities, improve quality of life by establishing social connections, educate families and the public about aphasia, improve accessibility of our community through awareness programs, and advocate for people with communication disabilities.

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.

A 2019 white paper published by Aphasia Access, "Aphasia in North America," calculated the prevalence of aphasia in the US by region and demographics. The report estimates that 3% of Pinellas County's non-institutionalized adult population of over 817,000 (2019 census) is living with the effects of a stroke; of those, 34% experience the life-long effects of aphasia. That means over 7,000 of our neighbors have aphasia - but aphasia impacts more than just one person, the effects of a communication disorder impact the entire family and social connections. According to the NIH, long-term isolation can be as damaging to one's health as smoking 15 cigarettes a day. However, participation-based programs, such as those provided by Voices of Hope for Aphasia, show "evidence linking social relationships..to physical health."

According to the white paper, strokes are the primary cause for aphasia and account for over 70% of aphasia cases. According to the CDC, every 40 seconds, someone in the US has a stroke. African-Americans are twice as likely to have a stroke than white Americans, and incidence of stroke is increasing in the Hispanic population. Stroke is a leading cause of serious long-term disability; between 30-40% of those strokes result in aphasia. Long-term disabilities, such as aphasia and physical impairments, have significant financial impacts, including loss of employment. Those with limited or no health insurance are especially impacted and may not have access to rehab therapies such as speech-language therapy. Attendance at VOH programs does not require a fee and we will never turn anyone away based on their financial situation.

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.

2020 Forecast-Redacted.pdf

In 2019, Voices of Hope for Aphasia's membership reached a level where we outgrew the capacity of meeting spaces donated by our partners in the community (City of St Pete Sunshine Senior Center, Mirror Lake library, USFSP classrooms, etc). The Board of Directors made a commitment to establish a permanent home for VOH by leasing our own dedicated space and expanding administrative staff whose focus was on raising funds to support the center, increase program staff, and position us for continued growth. A Director of Development was hired at the end of 2019. Unfortunately, due to the pandemic, our main fundraising event for the year (a gala planned for Oct 2020) was cancelled, prospects and availability of grant funding was reduced from past contributors, and there was significant uncertainty in new grant availability. Therefore, we were forced to make the difficult decision to layoff the Director of Development in order to direct those funds to program expenses. Our programs became critically important to our members who suffer extreme negative impacts due to isolation - so we quickly ramped up online offerings in order to keep people connected. In doing so, the elimination of transportation barriers actually increased the number of people we were able to serve. However, the loss of a dedicated fundraising staff has put a strain on our ability to sustain the expected and unanticipated (due to the pandemic and to a recent celebrity spotlight on aphasia) growth.

Voices of Hope for Aphasia was founded to provide affordable, ongoing support to people with aphasia and their families when insurance was insufficient or not affordable. Our core operating principle is that we will never turn anyone away based on their ability to contribute, therefore our programs do not require any fee. This means we rely heavily on individual donors and grants. The loss of staff and the loss of fundraising opportunities (especially in 2020) has impacted our ability to meet all of our needs.

In 2020, the Director of Development projected total revenue for that year from grants, individual donors, and sponsorships at \$327,000. With the reduction of fundraising capacity (staff and available funding), we raised a total of \$256,000 in 2020; resulting in a \$71,000 gap during that year. Unfortunately, the lack of a dedicated and experienced fundraising professional during this time has also limited our revenue growth potential, so we continue to lag behind our projected revenues from pre-pandemic Strategic Planning; our 2022 budget projects \$290,000 in revenue, still significantly behind our 2020 projection. Attached, is the revenue projections for 2020 as of Dec 2019-names have been redacted.

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 are humbly requesting assistance in purchasing technology to further our programs.

(1) Large, wall-mounted monitor and modular tables and chairs to provide education workshops and additional group activities within our St. Petersburg center. The education workshop is currently being offered online and is a program greatly valued by families learning to deal with a recent diagnosis of aphasia. The pandemic severely reduced the amount of family education and support provided by hospitals and rehabs. Our 2-day family education program has been providing personalized and in-depth training on communicating with a person with a language disorder, and reducing frustration and isolation amongst family units. An extended version of the online workshop would be offered to families who can attend the sessions in-person. Though planned in 2020, we were unable to purchase these additional assets due to the financial impacts of the pandemic, as listed above.

(2) Computers for full-time staff. Currently, all staff is using personal laptops and tablets to complete program and administrative tasks. We have been unable to purchase technology for staff, so we are requesting assistance to provide 3 Apple laptops - our needs only require the basic entry-level laptop, which has been priced for these purposes.

Guiding Principles - Client Impact*

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

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

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

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

The population we serve, people with disabilities, has been disproportionately impacted by the pandemic to a dramatic degree; including disregard to ADA and Rehab Act rights within our healthcare system. People with aphasia and other communication disorders were denied access to reasonable accommodations such as support persons when admitted to the hospitals - they were denied the right to participate in their health care discussions, and put at serious risk of errors due to interactions with hospital staff...one of our members was unable to accurately respond to a nurse's questions ("have you had a heart transplant") which would have dramatically altered her plan of care. Rationing of care in several Florida hospitals dictated that life-saving equipment, such as ventilators, be prioritized to able-bodied people over otherwise-healthy, but physically disabled, people. VOH worked with the Disability Rights Florida to advocate for and protect our member base.

Additionally, traditional health-care systems and insurance providers have placed minority populations and people with lower-income status, at a significant disadvantage. As mentioned above, one of VOH's core

principles states that our services should be available to anyone, regardless of their financial status or access to healthcare.

The following are a few statistics published by the National Institute of Health and Institute of Medicine (US) Committee on the Consequences of Un-insurance. Additional statistics are included in the "additional information" below:

- Two-thirds of all uninsured persons are members of lower-income families.
- Non-Hispanic African Americans are 2x as likely, and Hispanics 3x as likely, as whites to be uninsured. Almost 1/3 of all American Indians and Alaska Natives are uninsured
- There are disproportionately high uninsured rates among some ethnic groups collectively described as Asian American and Pacific Islander,
- The probability of being uninsured in Florida is 22.3%

Number Served*

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

2400

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**.

Duplicated

Other (Explanation Required)

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

We returned to limited in-person sessions at the end of 2021, and have continued to increase capacity as COVID-related risks reduced in severity. In August 2022, we provided services to over 200 (duplicated) people in our St Petersburg center (individuals attend our programs multiple times, much like an immersive language-learning program). We will continue to increase the number of activities we offer at the center, so an average of 200 duplicated visits per month, 2400 annually, is a conservative estimate. The technology requested in this grant application would serve directly people who currently attend our in-person programs and in addition, will allow us to add an in-person version of our education workshop increasing the number of services provided.

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 displays 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 "Map Options" section with a "Clear | Reset | Full Screen" link. The "QCT Legend" includes "Tract Outline" (blue line), "LIHTC Project" (house icon), and "2022 Qualified Census Tracts" (purple square). The "SADDA Legend" includes "FMR Boundary" (green line), "2022 Small DDA" (orange square), and "Non Metro DDA" (blue square). A red bar with the text "Hide the overview" is visible. Below the legend, a text block states: "The 2022 Qualified Census Tracts (QCTs) and Difficult Development Areas (DDAs) are effective January 1, 2022. The 2022 designations use data from the 2010 Decennial census. The 2021 designation methodology is explained in the federal Register notice published September 9, 2021". The "Map Options" panel on the left shows "10 Current Zoom Level" and several checkboxes: "Show Difficult Development Areas (Zoom 7+)", "Color QCT Qualified Tracts (Zoom 7+)" (checked with a red arrow), "Show Tracts Outline (Zoom 11+)", "Show FMR Outlines (Zoom 4+)", and "Show LIHTC Projects (Zoom 11+)". There is also a "Select Year" section with radio buttons for "2022" (selected) and "2021". The map itself shows a view of the Tampa Bay area with purple shaded regions representing QCTs. A red pin is placed on the map near Clearwater. The map includes "Map" and "Satellite" tabs, a "Google" logo, and footer text: "Keyboard shortcuts Map data ©2022 Google, INEGI Terms of Use Re".

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/>

6798 Crosswinds Dr. North Suite B-102 St. Petersburg, FL 33710

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 TV and modular desks and chairs would serve our headquarters location. The laptops would allow staff to use technology at all of our services locations within Pinellas County (Dunedin and St. Petersburg).

QCT Determination - Purchase*

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

No

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.

We serve the disabled community and we are honored to have our Founder, a person with aphasia, on our Board of Directors, together with two spouses of people with aphasia. Our programs do not have a required fee and we never turn anyone away based on their ability to pay. As mentioned above, we have launched an initiative to ensure that populations that are underserved by the traditional healthcare model are aware of our services. We plan to work closely with the St Pete Free Clinic, Center for Health Equity, and local churches, Black sororities, and other community-based organizations to make sure everyone who needs us knows we are here.

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

Neurodiverse/physically disabled

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."

Neurodiverse/physically disabled

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.

Small Capital Grant Tech Amazon BestBuy Uline Apple.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.

Within the attached file, there is one comprehensive quote (used for this application's requested amount) from Amazon, followed by partial quotes for different components from Best Buy, Uline, and Apple.

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.

VOH2 Budget-Template-Small-Capital-Purchases.xlsx

The costs within this spreadsheet are based on the prices and products within the Amazon quote.

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.

No other funding has been obtained

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.

Does not affect operating costs

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.

2022 Budget Packet APPROVED.pdf

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

Board-of-Directors-List-PCF-Grant-Application.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.

VOHA2021TaxReturn External.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.

VOH Financial Statements 2021.pdf

Our organization is still at a size that does not require a formal audit. The attached financial statements were reviewed by our accountants and approved by the board of directors.

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.

No insurance is required to operate the items in this request, however, if any insurance is deemed necessary, we will provide for it if we are selected for the award.

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.

ONLINE VOH 2021 Annual Report FINAL sm.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?

Adding to "Client Impact": a recent study by the Kaiser Family Foundation, concluded that:

- nonelderly AIAN, Hispanic, NHOPI, and Black people remained more likely to lack health insurance than their White counterparts
- Uninsured nonelderly Black people are more likely than White people to fall in the Medicaid "coverage gap" because a greater share live in states that have not implemented the Medicaid expansion. As of July 2021, 12 states [including Florida] have not adopted the ACA provision to expand Medicaid to adults with incomes through 138% of poverty. In these states, 2.2 million uninsured people with incomes under poverty fall in the "coverage gap" and do not qualify for either Medicaid or premium subsidies in the ACA marketplace.

Brief Project Descriptor

Please briefly describe this organization's request.

File Attachment Summary

Applicant File Uploads

- 2020 Forecast-Redacted.pdf
- Small Capital Grant Tech Amazon BestBuy Uline Apple.pdf
- VOH2 Budget-Template-Small-Capital-Purchases.xlsx
- 2022 Budget Packet APPROVED.pdf
- Board-of-Directors-List-PCF-Grant-Application.xlsx
- VOHA2021TaxReturn External.pdf
- VOH Financial Statements 2021.pdf
- ONLINE VOH 2021 Annual Report FINAL sm.pdf

VOH REVENUE FORECAST

Key Funders	TOTAL	
	2020	
	Best Case	Budgetted
Campaigns		
New Major Individual Donors	\$ 65,500.00	\$ 36,625.00
New Major Charitable Donors	\$ 100,000.00	\$ 34,375.00
Donor Cultivation	\$ 30,200.00	\$ 32,707.00
Recurring Donor Subscription	\$ -	\$ -
Quarterly Campaigns	\$ 45,000.00	\$ 31,000.00
Other Campaigns	\$ 24,811.00	\$ 24,811.00
	\$ 5,000.00	\$ 2,500.00
Institutions - Renewal	\$ -	\$ -
	\$ 3,000.00	\$ 2,550.00
	\$ 10,000.00	\$ 10,000.00
	\$ -	\$ -
Foundations - New	\$ -	\$ -
	\$ 3,458.00	\$ 2,000.00
	\$ 15,000.00	\$ 7,500.00
	\$ 12,000.00	\$ 9,000.00
	\$ 8,000.00	\$ 8,000.00
	\$ -	\$ -
	\$ 10,000.00	\$ 5,000.00
	\$ 50,000.00	\$ 5,000.00
	\$ 50,000.00	\$ -
	\$ 5,000.00	\$ 3,750.00
	\$ 10,000.00	\$ 10,000.00
	\$ 15,000.00	\$ 7,500.00
	\$ 15,000.00	\$ 7,500.00
	\$ 2,000.00	\$ 2,000.00
	\$ -	\$ -
Corporations - New	\$ -	\$ -
	\$ 10,500.00	\$ 2,250.00
	\$ 4,500.00	\$ -
	\$ 21,000.00	\$ 5,000.00
	\$ 10,000.00	\$ 5,000.00
	\$ 10,000.00	\$ 7,500.00
	\$ 14,000.00	\$ 7,000.00
	\$ 2,500.00	\$ 1,250.00
	\$ 10,000.00	\$ 5,000.00
	\$ 17,500.00	\$ 13,100.00
	\$ -	\$ -
Special Events	\$ 25,000.00	\$ 19,500.00
Valspar	\$ -	\$ -
Carole King Cocktail Hour	\$ 3,000.00	\$ 815.00
Open House	\$ 5,000.00	\$ 2,500.00
October Event		
* Corporate Sponsors	\$ 36,000.00	\$ 16,000.00
* Vendors		
* Silent Auction		
* Other donations		
Monthly Total	\$ 647,969.00	\$ 326,733.00



Review your order

Save your checkout settings as the default for future orders

Use the selected group, shipping address, and payment method as my checkout defaults.

There are 2 important messages about your order.

[If your hours ever change at an address, click Edit delivery preferen...](#)

[If tax exemption is applied to this order, you acknowledge your tax exemption...](#)

Group

Voices of Hope for Aphasia

[Change](#)

Delivery address [Change](#)

Debbie Yones
4730 DOLPHIN CAY LN S
ST PETERSBURG, FL 33711-4652
United States

Phone: 3129532995

[Edit delivery preferences](#)

[Select multiple addresses](#)

Payment method [Change](#)

VISA ending in 3944

Billing address [Change](#)

Debbie Yones
6798 CROSSWINDS DR N STE
B-102
ST PETERSBURG, FL 33710-5476
United States

Add a gift card, promotion code, or voucher

Enter Code

Apply

Business order information [Change](#)

PO number

ARPA Tech Grant

Items shipped from Amazon.com

Order now and we'll notify you by email when we have an estimated delivery date for this item.



Office Star Resin Multi-Purpose Flip Table with Locking Casters, 4-Foot Long

\$159.62 Prime FREE Delivery & **FREE Returns**

[Business Price](#)

Quantity: 4 [Change](#)

Sold by: Amazon.com Services LLC

Add a gift receipt

[and see other gift options](#)

Item arrives in packaging that shows what's inside and can't be hidden. If this is a gift, consider shipping to a different address.

Tax Exemption Applied. [Remove](#)

Choose your Prime delivery option:

4-5 business days once shipped

FREE Prime Delivery

Items shipped from Walts TV

Estimated delivery: Sept. 13, 2022 - Sept. 16, 2022

Choose a delivery option:

Tuesday, Sept. 13 - Friday, Sept. 16

Place your order

By placing your order, you agree to the [Amazon Business Accounts Terms and Conditions](#) and Amazon's [privacy notice](#).

Order Summary

Items (11):	\$5,798.45
Shipping & handling:	\$0.00
Total before tax:	\$5,798.45
Estimated tax to be collected:*	\$0.00

Order total: \$5,798.45

[How are shipping costs calculated?](#)

Prime shipping benefits have been applied to your order. ([Why aren't all my items eligible?](#))



Samsung QN70Q60BAFXZA 70" QLED Quantum HDR 4K Smart TV with a Sanus VLF525-B1 Full-Motion Premium Series Mount for 50"-82" Flat Screen TV's (2022)

\$1,086.99

Not eligible for Amazon Prime ([Learn more](#))

Quantity: 1 [Change](#)

Sold by: Walts TV

Gift options not available.

Tax Exemption Applied. [Remove](#)

FREE Shipping

Get text updates

You consent to receive texts from us for this delivery at 3129532995. [Change](#)

Dates optimized for fewest deliveries

Since this is a large order, we are offering Consolidated Shipping on eligible items to minimize your deliveries, but faster options may be available. You can change your delivery options below.

Items shipped from Amazon.com

Delivery: Sept. 4, 2022 if you order in the next 8 hours and 54 minutes ([Details](#))



2022 Apple MacBook Air Laptop with M2 chip: 13.6-inch Liquid Retina Display, 8GB RAM, 256GB SSD Storage, Backlit Keyboard, 1080p FaceTime HD Camera. Works with iPhone and iPad; Space Gray

\$1,099.00

& **FREE Returns**

Quantity: 3 [Change](#)

Sold by: Amazon.com Services LLC

[Add a gift receipt](#)

and see other gift options

Tax Exemption Applied. [Remove](#)

Choose your Prime delivery option:

Tomorrow, Sept. 3
FREE One-Day Delivery

Tuesday, Sept. 6
FREE Amazon Day Delivery

Set Amazon Day as your default delivery option and get money back [Edit options](#)

Sunday, Sept. 4
FREE Consolidated Shipping in fewest deliveries

Items shipped from CLATINA Office Supply

Estimated delivery: Sept. 8, 2022 - Sept. 13, 2022



CLATINA Office Reception Guest Chair Mesh Back Stacking with Ergonomic Lumbar Support and Thickened Seat Cushion for Waiting Conference Room Gray 4 Pack

\$312.99

Business Price

Not eligible for Amazon Prime ([Learn more](#))

Quantity: 2 [Change](#)

Sold by: CLATINA Office Supply

Gift options not available.

Tax Exemption Applied. [Remove](#)

Choose a delivery option:

Thursday, Sept. 8 - Tuesday, Sept. 13
FREE Shipping

Place your order

By placing your order, you agree to the [Amazon Business Accounts Terms and Conditions](#) and [Amazon's privacy notice](#).



TV Wall Mounting - 66-80 inches, Customer Bracket, Cords Concealed in Cord Cover

\$150.00

Quantity: 1 [Delete](#)

Provider contact info will be available

Requested Arrival Time [Change](#)

Tuesday, Sept. 20, 11:00 am - 02:00 pm

Location: Debbie Yones, 4730 DOLPHIN CAY LN S, ST PETERSBURG, FL, 33711-4652 United States

24 hours before the service.

Tax Exemption Applied. [Remove](#)

*Why has sales tax been applied? [See tax and seller information](#)

Do you need help? Explore our [Help pages](#) or [contact us](#)

For an item sold by Amazon.com: When you click the "Place your order" button, we'll send you an email message acknowledging receipt of your order. Your contract to purchase an item will not be complete until we send you an email notifying you that the item has been shipped.

Colorado, Louisiana and Puerto Rico Purchasers: [Important information regarding sales tax you may owe in your State](#)

Within 30 days of delivery, you may return new, unopened merchandise in its original condition. Exceptions and restrictions apply. See Amazon.com's [Returns Policy](#). In the unlikely event that the service provider does not meet the specifications listed, please contact Amazon.com within 30 days of service completion. Go to [Amazon.com](#) without completing your order.



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You're going to need Word, Excel and PowerPoint

Includes Office apps, 1TB of cloud storage and more
Auto-renews annually after 15 months at then-current price.

1 Person - PC/Mac - \$69.99/yr ▼

[Add to Cart](#)

Your Cart

BEST BUY
totaltech

Unlock up to \$370.40¹ in savings

You'll also get discounted services, extended returns, up to 24 months protection on most purchases and more with an active membership.

[Unlock Savings](#)

Special Offers We found offers available based on items in your cart! [See all](#)



[Samsung - 70" Class Q60A Series QLED 4K UHD Smart Tizen TV](#)

Pickup at Lakeland
Ready for pickup in **1hr**
Eligible for curbside pickup

1 ▼

Remove
Save

\$1,099.99
Save \$100
Was \$1,199.99

Delivery to 33710
Delivery as soon as **Sat, Sep 10**
Delivery + Installation as soon as **Thu, Sep 15**

Included free



fuboTV - Free for 30 days (new subscribers only, not billed unless activated) [Digital]

Remove

FREE

Protection plans



[Standard Geek Squad Protection \(20366\)](#)

[See All Plans](#)

Professional services



Installation & setup services are available in 33710

[See All Services](#)



[Best Buy essentials™ - Full Motion TV Wall Mount for 47-84" TVs - Black](#)

Pickup at Lakeland
Available Today at a store 27 miles away
Eligible for curbside pickup

1 ▼

Remove
Save

\$59.99

FREE Shipping to 33710
Get it by **tomorrow** if you order within **6hr 56min**
More shipping options are available in checkout

Order Summary

Original Price	\$2,458.98
Savings	-\$100.00
Shipping	FREE
Delivery	FREE
Estimated Sales Tax	\$165.13

Total \$2,524.11

Checkout

[Sign in or create an account now](#) to get My Best Buy™ Points

Apply today, shop today.



Show me how >

10% back in rewards on your first day of purchases when approved for the My Best Buy® Credit Card.

\$105.18/month* suggested monthly payments with **24 month financing** on this purchase of \$2,524.11

Looking for a lease to own option?

Enjoy the tech you want today.

[Learn more >](#)



MacBook Air
13.6" Laptop -
Apple M2 chip -
8GB Memory -
256GB SSD
(Latest Model) -
Midnight

Pickup at Lakeland
 Available Today at a store 35 miles away
 Eligible for curbside pickup

1

\$1,199.00

Remove
Save

FREE Shipping to 33710
 Get it by **Thu, Sep 8**
 More shipping options are available in checkout

Got a device like this to trade-in?

We'll help you check your trade-in value and apply it to your order.

Check Trade-In Value

Included free



Apple - Free Apple News+ for up to 4 months (new or returning subscribers only)

Remove

FREE



Apple - Free Apple TV+ for 3 months (new or returning subscribers only)

Remove

FREE



Apple - Free Apple Music for up to 6 months (new or returning subscribers only)

Remove

FREE

Protection plans



AppleCare+ for Macbook Air - 3 Year Plan

\$229.00

(3)

Add to Cart



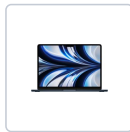
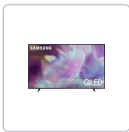
Saved Items



Your list is currently empty

Need inspiration? Check out [recommended items](#), or search for items to save.

People also bought



Best Buy essentials™ - Full Motion TV Wall Mount for 47-8...

(1,698)

\$59.99



Samsung - HW-B650/ZA 3. Soundbar with Dolby 5.1 / I

(171)

\$279.99

~~\$200.00~~

Buying a gift for someone special?

Gift options can be added in checkout. [Learn more >](#)

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[Forward](#)

Add Product by Model #

Model #	Description	Qty	Price	Total	Remove
H-6930BL	Mesh Nesting Chair with Armrests - Black	<input type="text" value="8"/>	\$170.00/EA	\$1,360.00	
H-6932	Economy Training Table - 60 x 24"	<input type="text" value="4"/>	\$205.00/EA	\$820.00	
			SUBTOTAL =	\$2,180.00	

Shipping |

Sale Code:

| [Questions?](#)

\$300+ orders are eligible for a [free item](#).



MacBook Air with M2 chip - Space Gray

Quantity:
3

\$3,597.00

Pay 0% APR for 12 months:

\$299.75/mo.

[Show product details](#) ▾

[Remove](#)

Add AppleCare+ for MacBook Air (M2) for \$229.00

[Add](#)


Get up to three years of technical support and accidental damage protection.

[Learn more](#) >

Add a gift message

[Add](#)

 Order today. Delivers to [33701**](#) ▾
Sep 9 - Sep 13 — Free

 Order now. Pick up in-store or curbside:
Today at [Apple International Plaza](#)

Subtotal

\$3,597.00

Voices of Hope for Aphasia Inc.	
2022 Budget APPROVED	
	2022 Total
	Budget
Expenditures	
Bank Fees	
Merchant Fees	\$3,278.63
Service Charge	\$0.00
Total Bank Fees	\$3,278.63
Dues & Subscriptions	
Affiliation Dues	\$510.00
Registration Fees	\$190.00
Software Subscriptions	\$3,500.00
Total Dues & Subscriptions	\$4,200.00
Insurance	
D&O Insurance	\$600.00
Liability Insurance	\$1,000.00
Workers' Comp Insurance	\$1,000.00
Total Insurance	\$2,600.00
Marketing	
Advertising	\$0.00
Direct Marketing	\$0.00
Printing & Reproduction	\$2,400.00
Website	\$500.00
Total Marketing	\$2,900.00
Occupancy	
Maintenance	\$3,600.00
Phone & Utilities	\$3,600.00
Rent	\$29,090.00
Total Occupancy	\$36,290.00
Office	
Equipment & Furniture<\$500	\$500.00
Office Supplies	\$0.00
Postage	\$1,250.00
Total Office	\$1,750.00
Payroll Expenses	
Taxes	\$16,105.39
Wages	\$210,527.95
Total Payroll Expenses	\$226,633.34
Employee Benefits	\$1,500.00
Professional Services	
Accounting	\$3,600.00
Marketing	\$500.00
Nonprofit Consulting	\$750.00
Other Professional Services	\$2,100.00
Total Professional Services	\$6,950.00
Program Expenses	
Field Trips	\$3,000.00
Print Supports	\$1,100.00
Refreshments	\$500.00
Supplies	\$1,100.00
Total Program Expenses	\$5,700.00
Total Expenditures	\$291,801.97

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning, 2021, and ending, 20

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879TE for the latest information.**

2021

Department of the Treasury
Internal Revenue Service

Name of filer

EIN or SSN

VOICES OF HOPE FOR APHASIA INC

45-3554825

Name and title of officer or person subject to tax **MARY CATHERINE DAUGHTRY**

TREASURER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>244,282</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____
6a Form 990-T check here	▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	_____
7a Form 4720 check here	▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	_____
8a Form 5227 check here	▶ <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a Form 5330 check here	▶ <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	_____
10a Form 8038-CP check here	▶ <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	_____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize 1SOURCE PARTNERS to enter my PIN 54825 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ **07/27/22**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **PAUL DEGANCE**

Date ▶ **07/27/22**

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2021)

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

2021

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 2021 calendar year, or tax year beginning , and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
VOICES OF HOPE FOR APHASIA INC
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
6798 CROSSWINDS DR N, SUITE B-102
 City or town, state or province, country, and ZIP or foreign postal code
ST PETERSBURG FL 33710

D Employer identification number
45-3554825

E Telephone number
727-249-1953

G Gross receipts \$ **244,282**

F Name and address of principal officer:
STEPHEN MILLER

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.VOHAPHASIA.ORG** **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **2011** **M** State of legal domicile: **FL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SUPPORT FOR PEOPLE LIVING WITH APHASIA.			
	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)	8	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	8	
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0		
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year 255,860	Current Year 244,268
	9 Program service revenue (Part VIII, line 2g)			0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		15	14
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		255,875	244,282
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		169,135	199,314
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 24,969			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		35,347	51,996
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		204,482	251,310
19 Revenue less expenses. Subtract line 18 from line 12		51,393	-7,028	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year 174,012	End of Year 170,089
	21 Total liabilities (Part X, line 26)		1,535	4,640
	22 Net assets or fund balances. Subtract line 21 from line 20		172,477	165,449

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: **MARY CATHERINE DAUGHTRY** Date: _____
 Title: **TREASURER**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **PAUL DEGANCE** Preparer's signature: **PAUL DEGANCE** Date: **07/27/22** Check if self-employed if PTIN **P00443908**

Firm's name: **1SOURCE PARTNERS** Firm's EIN: **81-1343524**

Firm's address: **701 S HOWARD AVE STE 203 TAMPA, FL 33606** Phone no.: **813-254-7222**

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

1 Briefly describe the organization's mission:

SUPPORT FOR PEOPLE LIVING WITH APHASIA.

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 No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **191,026** including grants of\$) (Revenue \$)

GROUP PROGRAMS PROVIDE AN ENVIORNMENT WITH SUPPORTED COMMUNICATION. THESE TOOLS ALLOW MEMBERS TO FEEL INCLUDED AND UNDERSTOOD. SPEECH/LANGUAGE PATHOLOGISTS PROVIDE ASSISTANCE.

4b (Code:) (Expenses \$ **599** including grants of\$) (Revenue \$)

FIELD TRIPS FOR MEMBERS, CAREGIVERS AND SPEECH THERAPISTS TO GET PEOPLE WITH APHASIA OUT IN THE PUBLIC WITHOUT FEAR OF NOT HAVING THE ABILITY TO COMMUNICATE.

4c (Code:) (Expenses \$ including grants of\$) (Revenue \$)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses **191,625**

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)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II		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 the 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 line 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 on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included on 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?		

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 5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
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?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 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		
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? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	8	
1b	Enter the number of voting members included on line 1a, above, who are independent	8	
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:		
8a	The governing body?	X	
8b	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.)

		Yes	No
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 on 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 on 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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►

MARY CATHERINE DAUGHTRY **372 BAY PLAZA** **FL 33706** **727-249-1953**
TREASURE ISLAND

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEBORA YONES EXECUTIVE DIRECTOR	1.00 0.00				X		69,849	0	0	
(2) KEN BADO DIRECTOR	1.00 0.00	X					0	0	0	
(3) STEVE BLUM DIRECTOR	1.00 0.00	X					0	0	0	
(4) MARY CATHERINE DAUGHTRY TREASURER	3.00 0.00	X		X			0	0	0	
(5) STEPHEN MILLER CHAIR	3.00 0.00	X		X			0	0	0	
(6) GARY PANARO DIRECTOR	1.00 0.00	X					0	0	0	
(7) JEFF RENZULLI DIRECTOR	1.00 0.00	X					0	0	0	
(8) JOHN VALAVANIS VICE CHAIR	3.00 0.00	X		X			0	0	0	
(9) DESMOND WELCH SECRETARY	3.00 0.00	X		X			0	0	0	
(10)										
(11)										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	244,268				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,200				
	h Total. Add lines 1a-1f		244,268				
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		14	14			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			244,282	14	0	0	

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	69,850	56,021	5,402	8,427
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	114,556	91,877	8,859	13,820
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	800	300	500	
10 Payroll taxes	14,108	11,335	1,071	1,702
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	3,369		3,369	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,726	520	456	750
12 Advertising and promotion	1,397	126	1,056	215
13 Office expenses	2,016	754	1,207	55
14 Information technology				
15 Royalties				
16 Occupancy	33,120	27,720	5,400	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,351	872	1,479	
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 BOOKS, SUBSCRIPTION	4,046	549	3,497	
b BANK FEES	2,282	70	2,212	
c PROGRAM EXPENSE	1,481	1,481		
d CATERING AND DRINKS	208		208	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	251,310	191,625	34,716	24,969
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)		(B)	
		Beginning of year		End of year	
Assets	1 Cash—non-interest-bearing	166,012	1	155,545	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4	6,544	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3,393		
	b Less: accumulated depreciation	10b	3,393	10c	
	11 Investments—publicly traded securities			11	
	12 Investments—other securities. See Part IV, line 11			12	
	13 Investments—program-related. See Part IV, line 11			13	
	14 Intangible assets			14	
	15 Other assets. See Part IV, line 11		8,000	15	8,000
16 Total assets. Add lines 1 through 15 (must equal line 33)		174,012	16	170,089	
Liabilities	17 Accounts payable and accrued expenses	1,535	17	4,640	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	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	
	24 Unsecured notes and loans payable to unrelated third parties			24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26 Total liabilities. Add lines 17 through 25		1,535	26	4,640
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	127,987	27	119,180	
	28 Net assets with donor restrictions	44,490	28	46,269	
	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	172,477	32	165,449	
33 Total liabilities and net assets/fund balances	174,012	33	170,089		

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	244,282
2	Total expenses (must equal Part IX, column (A), line 25)	2	251,310
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,028
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	172,477
5	Net unrealized gains (losses) on investments	5	
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	165,449

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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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		X
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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? 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		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization VOICES OF HOPE FOR APHASIA INC	Employer identification number 45-3554825
---	---

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).)
- 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 on 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2021

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	90,732	118,074	147,103	255,860	244,268	856,037
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						
4 Total. Add lines 1 through 3	90,732	118,074	147,103	255,860	244,268	856,037
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.						856,037

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	90,732	118,074	147,103	255,860	244,268	856,037
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	154	117	23	15	14	323
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
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						856,360
12 Gross receipts from related activities, etc. (see instructions)					12	14
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 2021 (line 6, column (f) divided by line 11, column (f))	14	99.96 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	93.87 %
16a 33 1/3% support test—2021. 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—2020. 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—2021. 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—2020. 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"/>		

Voices of Hope for Aphasia Inc.

Statement of Financial Position

As of December 31, 2021

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
BoTChecking	84,802.21
BoTSavings	70,742.50
Total Bank Accounts	\$155,544.71
Accounts Receivable	
Accounts Receivable	6,544.31
Total Accounts Receivable	\$6,544.31
Other Current Assets	
Costco Grant gift card	500.00
Total Other Current Assets	\$500.00
Total Current Assets	\$162,589.02
Fixed Assets	
Accumulated Depreciation	-3,392.26
Furniture and Equipment	3,392.26
Total Fixed Assets	\$0.00
Other Assets	
Security Deposits Asset	7,500.00
Total Other Assets	\$7,500.00
TOTAL ASSETS	\$170,089.02
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Payroll Liabilities	0.00
Federal Taxes (941/944)	4,640.29
Total Payroll Liabilities	4,640.29
Total Other Current Liabilities	\$4,640.29
Total Current Liabilities	\$4,640.29
Total Liabilities	\$4,640.29
Equity	
Opening Balance Equity	100.00
Restricted Net Assets	46,269.00
Unrestricted Net Assets	128,550.71
Net Revenue	-9,470.98
Total Equity	\$165,448.73
TOTAL LIABILITIES AND EQUITY	\$170,089.02

Voices of Hope for Aphasia Inc.

Statement of Activity

January - December 2021

	TOTAL
Revenue	
Donations	
Board Giving	70,682.92
Corporate	2,953.43
Foundation	2,158.43
In Kind	1,200.00
Individual	100,516.55
Member Contributions	35,044.97
Total Donations	212,556.30
Grants	31,712.00
Other Income	
Interest	14.14
Total Other Income	14.14
Special Events	
Special Events Expenses	
Catering and Drinks	-173.00
Total Special Events Expenses	-173.00
Total Special Events	-173.00
Total Revenue	\$244,109.44
GROSS PROFIT	\$244,109.44
Expenditures	
Bank Fees	
Merchant Fees	2,281.61
Total Bank Fees	2,281.61
Dues & Subscriptions	
Affiliation Dues	410.00
Registration Fees	186.25
Software Subscriptions	3,636.80
Total Dues & Subscriptions	4,233.05
Insurance	
D&O Insurance	548.00
Liability Insurance	931.00
Workers' Comp Insurance	872.00
Total Insurance	2,351.00
Marketing	
Printing & Reproduction	1,389.04
Trade Show Booth	25.00
Website	276.27
Total Marketing	1,690.31

Voices of Hope for Aphasia Inc.

Statement of Activity

January - December 2021

	TOTAL
Occupancy	
Maintenance	1,281.25
Moving	1,313.99
Phone & Utilities	3,634.02
Rent	28,120.40
Total Occupancy	34,349.66
Office	
Equipment & Furniture<\$500	489.25
Office Supplies	84.03
Postage	1,116.50
Supplies	417.81
Total Office	2,107.59
Other Types of Expenses	100.00
Other Costs	542.00
Total Other Types of Expenses	642.00
Payroll Expenses	
Benefits	800.00
Taxes	14,107.09
Wages	184,406.50
Total Payroll Expenses	199,313.59
Professional Services	
Accounting	3,369.00
Events/Fundraising	375.00
Marketing	456.00
Other Professional Services	895.00
Total Professional Services	5,095.00
Program Expenses	
Field Trips	598.50
Print Supports	18.68
Refreshments	35.38
Supplies	864.05
Total Program Expenses	1,516.61
Total Expenditures	\$253,580.42
NET OPERATING REVENUE	\$ -9,470.98
NET REVENUE	\$ -9,470.98




VOICES OF HOPE FOR APHASIA

ANNUAL REPORT 2021



2012 - 2022



**WHEN I SAW
THIS, IT WAS
KIND OF
A MIRACLE.**

*MEMBER ON FINDING VOHA
VIA NEWS SEGMENT AFTER
BRUCE WILLIS' APHASIA ANNOUNCEMENT*

10 YEARS OF ELEVATING VOICES

A DECADE OF GROWTH

It is with great pride that we at Voices of Hope for Aphasia enter our 10th year of helping our members, neighbors and the community at large. For a decade, we have striven to provide an understanding environment, as well as increasing awareness of aphasia within our community. This has only been able to be accomplished with the inspiration and efforts of many: our members, family members and friends, staff, board of directors, strategic partners and not least of all, our donors. We truly appreciate and acknowledge your support, which has allowed our organization to grow not only exponentially but also sustainably. We have not, and will not, lose sight of the privilege we have to positively impact the many people who we have not yet reached. With every new contact we make, every activity we undertake with our members, every discussion where we can advance the understanding of the burden of aphasia, we make a difference.



STEPHEN MILLER
Board Chair

A VISION MADE REAL

Ten years ago, Mike and Kathy Caputo invited me to be part of the founding board of directors of the nonprofit they had established. Realizing there was a great need for what they envisioned, I immediately agreed. The organization, manned by a handful of volunteers running group activities, in 2014 welcomed Dr. Jackie Hinckley as our first Executive Director. During her tenure, Voices of Hope for Aphasia established itself as a respected organization in the St Petersburg area, and nationally among our aphasia peers. When I stepped into her shoes in 2019, I benefited from a solid foundation that allowed us to grow and serve more people in the Tampa Bay area, and across the country, during the pandemic. I am proud of how far we have come and excited for the future. Thank you to all of you who continue to make the Caputo's vision a reality!



DEBBIE YONES
Executive Director

MISSION

Voices of Hope for Aphasia reconnects people living with aphasia with their lives through innovative programs.

VISION

Improving the lives of people with aphasia and their loved ones.

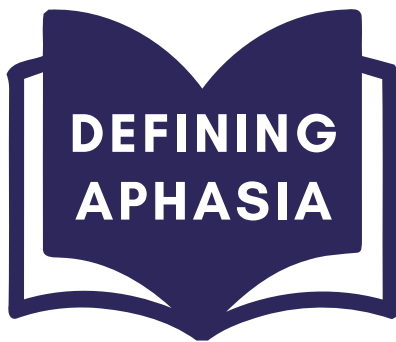
MESSAGE FROM OUR FOUNDER

A DREAM OF CONNECTING MADE REAL

I live with aphasia every day. It is difficult living with aphasia, because not many people know or understand what aphasia is. We started Voices of Hope for Aphasia with the goal of bringing people with aphasia together to build a community for one another. Voices of Hope has become a network of support to help those in need by providing activities, education and services to people with aphasia and their caregivers. I look forward to seeing the organization continue to grow and reach new heights in the coming years with the support of individuals, corporations, and foundations equally dedicated to our mission.

MIKE CAPUTO

Organization Founder



***noun.** An acquired language disorder that affects a person's ability to communicate, but does not affect their intellect.*

It can occur suddenly after a stroke or head injury, or develop slowly from a growing brain tumor or disease. There are many types and severities of aphasia.

Aphasia can affect a person's ability to **speak, understand, read,** or **write.** Aphasia can be very **isolating,** but speech therapy and social connections can help!

BOARD OF DIRECTORS

Stephen Miller, Chair

John Valavanis, Vice Chair

Mary Catherine Daughtry, Treasurer

Desmond Welch, Secretary

Ken Bado

Steven Blum

Gary Panaro

Jeffrey Renzulli

Mike Caputo, Ex-officio & Founder

10 YEARS OF CREATING COMMUNITY



FOUNDING MEMBERS

Mike Caputo
John Dingman
Nancy Hicks
Kathryn McCabe
Dannie Muheim
Vicki Walton



FOUNDING BOARD

Est. 2012
Ken Bado - Chair
John Valavanis - Vice Chair
Mike Profita - Treasurer
Debbie Yones - Secretary



FOUNDING DIRECTOR

2014-2018
Dr. Jackie Hinckley
Dr. Hinckley brought a plethora of expertise and knowledge regarding what makes an aphasia center successful and accessible.

I STARTED AT VOHA IN 2015 AS A VOLUNTEER. SIX MONTHS LATER... I WAS THEIR **FIRST PROGRAM ASSISTANT**, HELPING PEOPLE WITH APHASIA IMPROVE THEIR QUALITY OF LIFE & REINTEGRATE THEM INTO THEIR COMMUNITY. BEING A PART OF VOHA IS TRULY LIKE BEING **A PART OF ONE BIG FAMILY.**



BROOKE OLIVER, ON HER EXPERIENCE DURING VOHA'S NASCENT YEARS

A Different Kind of First: USF St. Pete, one of VOHA's first partners, hosted member groups on Fridays from 2015-2018 (pictured below).



10 YEARS OF FOSTERING HOPE

2013

Moved location to Woodlawn Presbyterian Church.



2015

Programming expands to include Fridays at the **University of South Florida - St. Petersburg** and Monday/Wednesdays at the **Sunshine Center**.



2012

Board of Directors established.

VOHA starts groups for **6 people**



2014

Dr. Jackie Hinckley joins VOHA as the founding Executive Director.



2016

Hosted "Looking Forward" aphasia conference, designed for both professionals and consumers.

2012

Conversation groups begin once a week for people with aphasia. Now called **"Living! with Aphasia"** these groups provide safe, supported opportunities to participate in conversations and build a network of peers.

WHEN I FIRST JOINED VOHA IN 2014, IT CONSISTED OF A HANDFUL OF PEOPLE

MEETING IN A SPARE ROOM OF A LOCAL CHURCH. NOW VOHA IS ONE OF THE LEADING COMMUNITY-BASED APHASIA PROGRAMS IN THE U.S.A.!

*DR. JACKIE HINCKLEY
FOUNDING VOHA EXECUTIVE DIRECTOR*

2017

STARS Technology
Program is added
to roster of services



2018

Project BRIDGE
conference in partnership
with USFSP and PICORI



2019

Debbie Yones is
welcomed as VOHA's
Executive Director

2021

**VOHA opens its first
official home on October 6
in St. Petersburg, Florida.**



VOHA exceeds
100 people
served

VOHA exceeds
500 people
served

2019

Develops new programs focused
on community engagement:
First Friday Lunch, creating social
connections for families
and
Max Adventures, aphasia-friendly
excursions to museums, sports
events, and local theatre.



2020

COVID-19 pandemic
shut-downs cause a
pivot to **virtual programming**.



2017

VOHA opens service
location at the
**Hale Senior Center in
Dunedin, FL**

2021 SNAPSHOT

VOHA has blossomed from a grassroots organization to an established figure in the aphasia community. A decade of word-of-mouth referrals and partnerships allowed VOHA, in 2021, not only to develop virtual programming but establish a dedicated home to serve local members and their families directly.

2021 BY THE NUMBERS




7,098

Number of educational and supportive touchpoints VOHA had with existing members



203

Number of individuals (unduplicated) who received services and support from VOHA



459

Number of people reached by VOHA since its inception.



18

Number of weekly, in-person and online activities offered by VOHA

UPWARD GROWTH

2020, while chaotic, presented an opportunity for unexpected growth. During the upheaval of 2020 and into 2021, VOHA provided virtual support groups and programming, a first for our organization. These opportunities were accessed by individuals across the country, dramatically increasing membership and activity. Additional awareness and visibility brought by Bruce Willis's announcement of his struggles with aphasia has resulted in further growth and successful outreach efforts which will propel VOHA into our next decade.

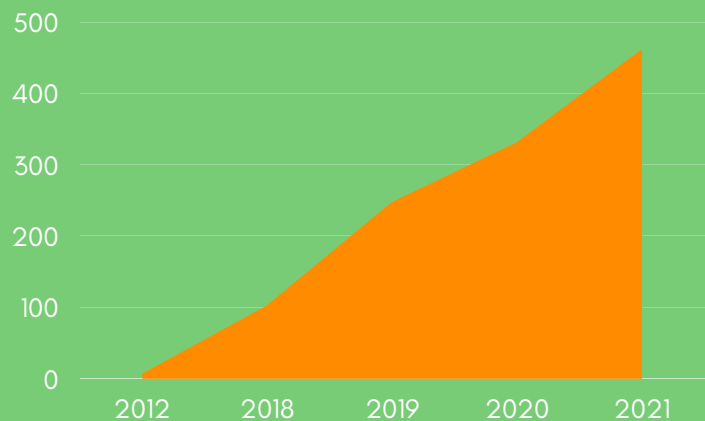


Fig. 1: Growth of cumulative people served from VOHA founding to the current reporting year.

PROGRAM MEMBER'S WIFE
ON HER HUSBAND'S
ACHIEVEMENTS & PROGRESS

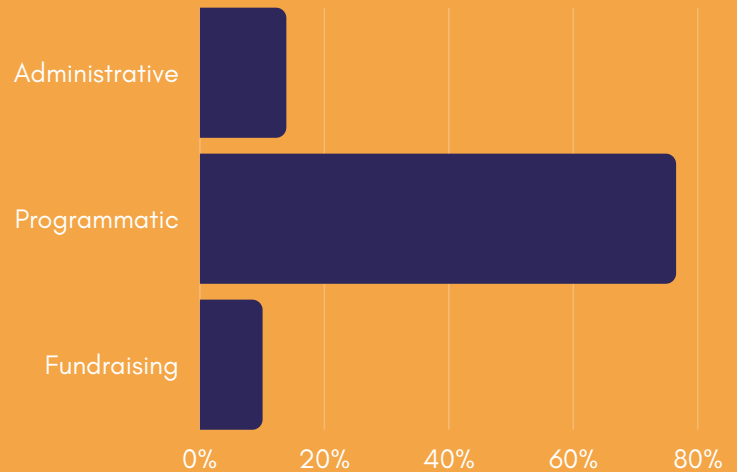
SINCE GETTING CONNECTED,
[MY HUSBAND] IS FINDING
NEW WAYS TO COMMUNICATE
THAT HAVE IN TURN
HELPED OUR OWN COMMUNICATION
MORE THAN I CAN SAY.
BEING A PART OF VOHA HAS BEEN
AN ABSOLUTE BLESSING.

FINANCIALS

In fiscal year 2021, VOHA continued to pursue our mission with passion and purpose. We do this with your support, today and every day.

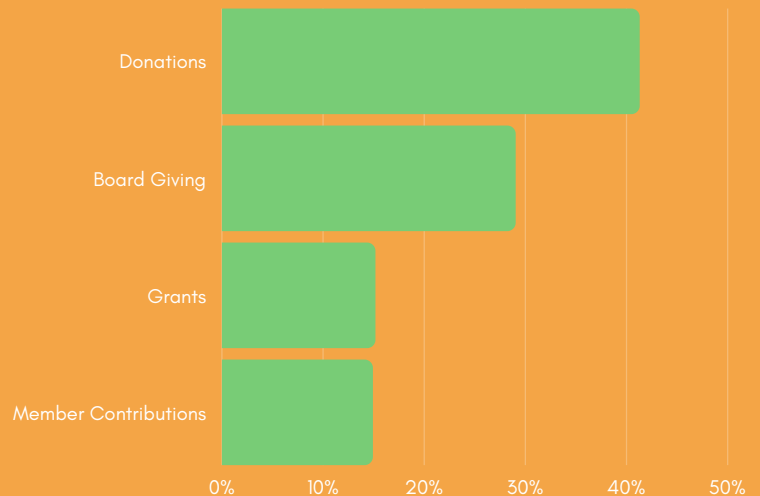
EXPENSES

As the COVID-19 pandemic continued throughout 2021, VOHA focused the majority of its spending on programs for its members, including a cautious return to in-person sessions, while maintaining virtual options for those who couldn't join us in person.



REVENUE

The growth of virtual services, program offerings, and staff would not have been possible without the generosity of our individual donors, foundations, and board. As we enter our second decade, VOHA is focused on building and strengthening our partnerships so we can continue to meet the needs of our growing aphasia community.



THANK YOU TO OUR 2021 SPONSORS!

