

BOARD OF DIRECTORS MEETING

Monday, May 23, 2022

5:00 – 7:00pm Meeting Location: Anoka County Sherriff's Community Room (If needed, virtual/call in within body of invitation)

AGENDA	TIME
 Call to Order (Steve Nash) Welcome Linda Barnum Share Name, organization, H4Y tenure, and fun fact 	5:00pm
• Mission Moment (JJ Slag – AN4H)	5:15pm
Approve Agenda and Minutes (Steve Nash)	5:20pm
 Board Executive Committee update (Steve Nash) Presentation of Audit and 990 Secretary opportunity Rules of Engagement discussion 	5:23pm
 Executive Director Update (LaChelle Williams) Operational Update 	5:40pm
 Strategic Steering Committee update (LaChelle/Paul Lenzmeier) Risk Management vision and plan 	5:55pm
April Financial Report (LaChelle/Tanya Bacigalupo/Don Phillips)	6:05pm
 Advancement Update (Julie Orlando – JJ Slag) 	6:15pm
 Program Update (Mark McNamer – Anna VonRueden) 	6:25pm
Open Business (Steven Nash)	6:35pm
• Adjourn	7:00pm



Board of Directors Meeting Minutes March 28, 2022 5:00-7:00 pm; Sheriff's Office and Zoom

Board Members Present:	Pat Chen, Julie Cole, Paul Lenzmeier, Stephen Nash, Don Phillips, JJ Slag, Stephen Spears, Anna VonRueden, Sue Woodard
Board Members Absent:	Brad Konik
Staff and Guests Present:	Tanya, Bacigalupo, Brooke Limanen, Julie Orlando, Danielle Snider, LaChelle Williams

Call to Order

The meeting was called to order at 5:06 pm by Steve Nash.

Mission Moment (Anna VonRueden)

Approval of Agenda and Minutes

Motion made by Anna VonRueden, seconded by Stephen Spears, and passed unanimously to approve the agenda and January 24th minutes.

Board Development/Nominating Committee update (Stephen Spears)

Stephen Spears presented the nomination for Linda Barnum to the board.

Motion made by Sue Woodard, seconded by JJ Slag, and passed unanimously to approve Linda Barnum as a new board member.

Board Executive Committee Update (Steve Nash)

The Board Committee vision is to have active participation on each of the committees to include Development, Finance, Program and Strategic Steering. The Program Committee will be launching soon with a focus on the youth we serve. The Strategic Steering Committee will also be launching soon with the goal of operationalizing HOPE 4 Youth's Strategic Plan.

The Fund Management Policy has been updated from 2019. The biggest change being the transition from the title CEO to Executive Director. The Finance Committee made the recommendation to the Executive Committee to move forward.

Motion made by Don Phillips, seconded by Stephen Spears, and passed unanimously to approve the updated Fund Management Policy.

A Night 4 HOPE Update and Discussion (Julie Orlando – JJ Slag)

The event has sold out and we are at capacity. The Board was called to action to secure more sponsorship opportunities for the event.

Executive Director Update (LaChelle Williams)

Board Support

The Board Portal is fully operational and will function as the historical repository. A Board Calendar with meeting and events dates are housed in the portal.

Staffing and HR Progress

Our HR support with MACC is moving forward. This is a comprehensive partnership which includes benefit enhancements, HR support, and process improvement. HOPE 4 Youth has officially completed our transition with our payroll system through MACC. LaChelle is working with MACC to finalize a 403(B)-retirement savings plan proposal for HOPE 4 Youth. She will be requesting a Board Resolution in April to approve. Reviews for 2021 are now complete. We are in the process of administering our 2022 goals discussions with our new Continuous Coaching format. The document and discussions include three imperative elements: Measurable (SMARTER) Goals, Mission-based Clare value-based behaviors, and Professional Development. We have one open position due to a recent change in our AmeriCorps relationship.

Operational Update

We learned we will not be receiving funding by Pohlad this year. Not all funds expected from this grant were budgeted so the impact of not receiving these funds will be less. LaChelle is working on the net impact to our finances and will work with Julie and Mark regarding changes to the plan. More special events will not be the solution, rather strengthening and expanding our relationships within our fundraising streams will be the answer.

Program Update

With Mark being on vacation, LaChelle shared the program updates. Most of the challenges that were present before Mark started two years ago have been addressed. HOPE 4 Youth is currently working to break down the silos that existed between the different operational areas and restoring the staff and leadership connection. We are holding the youth accountable within a warm welcoming environment, offering resources and follow up. HOPE 4 Youth has institutionalized the 4-fold approach of trauma informed care, strengths-based mindset, youth- centered engagement, and harm reduction to create a strong base.

Our partnering relationships with FamilyWise, Anoka County and others are making a difference. We plan to enhance our volunteer opportunities to include both youth-centered opportunities and mission supported options. The mentorship gaps today include finance and budgeting, filing tax returns, and legal support (eviction or labor law knowledge). The mission supportive options include HOPE Place yard work, facility painting, and other projects.

New Facility Update

HOPE 4 Youth has met the deadlines for both the House and Senate hearings. We are in communication with Anoka County leadership and the Anoka County Lobbyist. We are working with a property broker, Newmark, who will help identify options as we move forward. The decision will be made in mid-May. Our next step is to continue building rapport and relationships with city and county leaders.

Financial Report (LaChelle/Tanya Bacigalupo/Don Phillips)

Today we started our internal audit with ABDO Solutions. On Feb 28th, we ended our relationship with MMC and entered a new fiscal oversight agreement with Tanya Bacigalupo. Tanya has been engaged with HOPE 4 Youth since our inception, so this relationship transition has been seamless.

Our financial position is strong. We have nearly 9.5 months of cash and cash equivalents along with our board reserves. We will see a \$305,000 reduction over 2021. This is largely due to the \$180,000 PPP loan we received the first quarter 2021 and our natural reduction in receivables due to our pledge process. Next year the final \$67,000 pledge from Heartland Tire will be fulfilled.

Our income statement shows a \$26,000 improvement over plan in February, with a \$50,000 improvement to our planned budget year to date. Revenue and expenses are trending as planned, with a couple of exceptions. The exceptions are based on timing and higher than planned expenses. For example, utilities and snow removal are higher than planned.

Always important is our expense allocation. We are striving to be close to a 75% program breakout. In 2021 we tracked 76% for the year. We are down this month due to the time of year with expense needs and the rent break this month.

Open Business (Steve Nash)

Steve presented the opportunity to express interest in any of the board committees that are available.

Adjourn

Motion to adjourn was made by Anna VonRueden, seconded by Paul Lenzmeier, and approved unanimously.

The meeting ended at 7:02 pm.

Respectfully Submitted,

Brooke Limanen, Finance and Data Specialist

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

▶ 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.

1 **Open to Public** Inspection

OMB No. 1545-0047

	partment of the Treasury ernal Revenue Service
Δ	For the 2021 cale

Α	For th	e 2021 calendar year, or tax year beginning and	ending		
В	Check if applicab	E Name of organization D Employer identification number			cation number
, 					
	Addre chang Name chang	HOPE 4 Youth		46-16265	0.0
	Initial	· · ·	D (''		
	returr Final	Number and street (of P.U. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	returr termi				1,552,260.
	ated Amer	City or town, state or province, country, and ZIP or foreign postal code Coon Rapids, MN 55433		G Gross receipts \$	
F	_lreturr ∏Appli			H(a) Is this a group re	
	pend	same as C above		for subordinates H(b) Are all subordinates in	
<u> </u>	Tax-ex	empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) 4947(a)(1)	or 527		list. See instructions
		te: ► HOPE4YOUTHMN.ORG		H(c) Group exemption	
		f organization: X Corporation Trust Association Other	I Year		State of legal domicile: MN
	art I	Summary			<u>-</u>
-	1	Briefly describe the organization's mission or most significant activities: Prov	iding	pathways to	end youth
Ű		homelessness. 2021 was a full year after			
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	12
ত	4	Number of independent voting members of the governing body (Part VI, line 1b)			12
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			24
iviti		Total number of volunteers (estimate if necessary)			149
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
				Prior Year	Current Year
an	8	Contributions and grants (Part VIII, line 1h)	·····	652,953.	1,354,264.
Revenue	9	Program service revenue (Part VIII, line 2g)		48,245. 3,103.	140,659. 12,255.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u> </u>	-14,815.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		704,301.	1,492,363.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
	13 14	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		274,269.	829,785.
Ise		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 200, 0	25.		•••
Щ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		236,923.	855,982.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		511,192.	1,685,767.
	19	Revenue less expenses. Subtract line 18 from line 12		193,109.	-193,404.
or				ginning of Current Year	End of Year
Net Assets (20	Total assets (Part X, line 16)		3,330,177.	3,066,603.
t As:	21	Total liabilities (Part X, line 26)		537,530.	466,530.
		Net assets or fund balances. Subtract line 21 from line 20		2,792,647.	2,600,073.
		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 Don Phillips, Treasure Type or print name and title	er	Date
Paid	Print/Type preparer's name Steven D. Anseth, CPA	Preparer's signature Steven D. Anseth,	
Preparer	Firm's name 🕨 Abdo LLP		Firm's EIN 🕨 41-1397419
Use Only	Firm's address 5201 Eden Ave St	te 250	
	Edina, MN 55436		Phone no.952.835.9090
May the I	RS discuss this return with the preparer shown at	oove? See instructions	X Yes No
		ing and the concrete instructions	

LHA For Paperwork Reduction Act Notice, see the separate instructions. 132001 12-09-21

Form	1990 (2021) HOPE 4 Youth	46-1626500	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: HOPE 4 Youth provides pathways to end youth homelessnes		
	Did the even wind the conductor and similar the second conductor of wind the second high second birts of an the		
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	XNo
	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? If "Yes," describe these changes on Schedule O.	Yes	└── No
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth revenue, if any, for each program service reported.		
4a	(Code:)(Expenses 1,286,162. including grants of0.) (Reven HOPE 4 Youth works to provide pathways to end youth hom	nue \$ 140,0	659 .)
	HOPE 4 Youth works to provide pathways to end youth hom	elessness in	the
	north metro by providing Housing, Outreach, Prevention,	and	
	Education/Employment to youth at risk or experiencing h	omelessness.	
	Since 2013, HOPE 4 Youth has operated a Drop-In Center	in Anoka for	
	youth experiencing homelessness. At the Drop-In Center,		
	access to basic need resources including hot meals, lau		wer
	facilities, clothing, personal care/hygiene items, food		
	computers/internet access etc. Additionally, they are c		
	case manager who works individually with them to identi		ct
	them to other community resources while at the same tim	e providing	
	encouragement, advocacy, and support. Through the Drop-	In Center you	uth
4b	(Code:) (Expenses \$including grants of \$) (Reven		
	, (···· •	/
4c	(Code:) (Expenses \$ including grants of \$) (Reven	nue \$)
10			/
A!	Other program convises (Deservibe on Saledule O)		
4d	1 5	,	
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses 1,286,162.		
		Form 9	90 (2021)

Eorm	000	(2021)	
Form	990	(2021)	

 Form 990 (2021)
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 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	4	х	
0	If "Yes," complete Schedule A	1	X	
2 3	Did the organization required to complete schedule b, schedule of commutors, see instructions	2	- 23	<u> </u>
3		3		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			<u> </u>
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	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			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
Ч	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	TIC		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			<u>.</u> _
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> . See instructions	17		
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
13	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
_		_	_	_

Form	990	(2021)
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 Form 990 (2021)
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 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? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
-	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	200		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
C	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
ra	t 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 1a 38			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990	
Part V	Sta

 HOPE
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 Statements Regarding Other IRS Filings and Tax Compliance (continued)

Fai	Statements Regarding Other INS 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 24									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.									
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X X						
f	5 , 5 , 1 , 1 ,									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8								
sponsoring organization have excess business holdings at any time during the year?										
9 Sponsoring organizations maintaining donor advised funds.										
	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
	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:									
	Gross income from members or shareholders 11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
	Section 501(c)(29) qualified nonprofit health insurance issuers.	10								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
D	Enter the amount of reserves the organization is required to maintain by the states in which the									
-	organization is licensed to issue qualified health plans 13b									
	Enter the amount of reserves on hand	44-		x						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a								
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x						
excess parachute payment(s) during the year?										
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		x						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16								
17	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	47								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

	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.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	2								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6		Х						
7a	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?									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
40		40	Yes	No X						
	Did the organization have local chapters, branches, or affiliates?	10a								
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	106								
110	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	X							
		Tia								
	 b 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 									
b		12a 12b	X X							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
-	on Schedule O how this was done	12c	x							
13	Did the organization have a written whistleblower policy?		Х							
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?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
b	Other officers or key employees of the organization	15b		Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
<u></u>	exempt status with respect to such arrangements?	16b								
	tion C. Disclosure									
17	List the states with which a conv of this Form 000 is required to be filled \mathbf{MN}									
	List the states with which a copy of this Form 990 is required to be filed MN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (section 501(c))	3)0 00		bla						
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) availa	able						
18		3)s only) availa	able						

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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
	The Organization - 763-323-2066
	2191 Northdale Blvd NW, Coon Rapids, MN 55433

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12

1a

HOPE	4	Youth	

Section A. Governing Body and Management

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

1a Enter the number of voting members of the governing body at the end of the tax year

Form 990 (2021)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

Х

Yes No

Part VII	Compensation of Officers,	Directors, Trustees	, Key Employees,	Highest Compensated
	Employees, and Independe	ent 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 the 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)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one) than	one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	<u> </u>	cer an	ia a a I	recto	or/trus	itee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	mpen		1099-NEC)	1033-1120)	and related
	below	d ual t	Institutional trustee	L_	mploy	Highest compensated employee	5	10001120)		organizations
	line)	Indivi	Institu	Officer	Key e	Highe	Former			0
(1) Linda Bryant	40.00									
Executive Director				X				53,100.	0.	2,930.
(2) LaChelle Williams	40.00									
Executive Director				X				32,308.	0.	0.
(3) Stephen Spears	0.75									
Chair		X		X				0.	0.	0.
(4) Stephen Nash	0.75									
Vice Chair		X		X				0.	0.	0.
(5) Marina Bressler	0.75									
Secretary		X		X				0.	0.	0.
(6) Mark Nolen	0.75									
Board Member		X		X				0.	0.	0.
(7) Sean Haag	0.50									
Board Member		X						0.	0.	0.
(8) Paul Lenzmeier	0.50									
Board Member		X						0.	0.	0.
(9) Leanne Matchen	0.50									
Board Member		Х						0.	0.	0.
(10) Don Phillips	0.50									
Treasurer		Х						0.	0.	0.
(11) Jennifer Stone	0.50									
Board Member		Х						0.	0.	0.
(12) Anna VonRueden	0.50									
Board Member		х						0.	0.	0.
(13) Chris Warner	0.50									
Board Member		Х						0.	0.	0.
(14) Sue Woodard	0.50								_	_
Board Member		X						0.	0.	0.
							<u> </u>			
		-								

Form 990 (2021) HOPE 4 Y									46-16	526	500	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title					rson	than o than o is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related		Es arr		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	s	com fre orga and	other pensa om the anizati d relate	e ion ed
		-											
		-											
										_			
1b Subtotal c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A							85,408. 0. 85,408.		0.0.		2,9	0.
2 Total number of individuals (including but r compensation from the organization ►									,000 of reportabl	-		-	0
3 Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	,		,	•	,	,	C	phest compensated emp	,		3	Yes	No X
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000? If "Yes,	le co " co	ompe mple	ensa ete S	atior Sche	n anc edule	l ot 9 <i>J i</i>	her compensation from for such individual	the organization		4		X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	-				-			-			5		Х
Section B. Independent Contractors Complete this table for your five highest contractors the organization. Report compensation for										pens	ation f	rom	
(A) Name and business			ONE					(B) Description of s		C	(C omper		n
2 Total number of independent contractors (including but n	ot li	mite	d to	tho	se lis	stec	d above) who received n	nore than				
\$100,000 of compensation from the organ			-			0		,					

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Part IV, line 18 Ba 45,082. b Less: direct expenses Bb 59,897. c Net income or (loss) from fundraising events -14,815. 9a 9a 9a 9a 9b c Net income or (loss) from gaming activities. See Part IV, line 19 9a 9b c Net income or (loss) from gaming activities 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a tot of goods sold tob c Net income or (loss) from sales of inventory Buriness Code 						25. of	, 22	5,	5	5	55	16	1	including \$			5
b Less: direct expenses 8b 59,897. c Net income or (loss) from fundraising events -14,815. 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b 9b c Net income or (loss) from gaming activities > 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b 10b c Net income or (loss) from sales of inventory >							line ⁻	n lii	n l	n	on	ed o	ns reported	contributio			
b Less: direct expenses 8b 59,897. c Net income or (loss) from fundraising events -14,815. 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b -14 c Net income or (loss) from gaming activities					45,082.	8a							e 18	Part IV, line			
c Net income or (loss) from fundraising events ▶ -14,815. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a b Less: direct expenses 9b 9b 9a c Net income or (loss) from gaming activities ▶ 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b 10b 10b 10b					59,897.												
9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities > 10 a 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 > a Gross sold 10b	-14,815			-14,815.													
Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities 10 a a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory				-												9	
b Less: direct expenses 9b																5	
c Net income or (loss) from gaming activities ▶ ■ ■ 10 a 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 ▶ ■ ■ ■																	
10 a 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 Image: Code																	
and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Image: solution of the selection of					····· •	-										10	
b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Image: Code																10	
c Net income or (loss) from sales of inventory																	
Business Code																	
Business Code						of inventory	sales	Sa	าร	n s	m	from	e or (loss) fro	Net income	С		\dashv
					Business Code												
	 	┨─────┤														11	en
	 														b		(en
	ļ	↓↓															le,
d All other revenue																	-1
e Total. Add lines 11a-11d																	
12 Total revenue. See instructions ▶ 1,492,363. 140,659. 0.	-2,560	0.	140,659.	1,492,363.	►		ns .	on	ior	tio	ctic	truct	ue. See instru	Total reven		12	

HOPE 4 Youth 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 respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations 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,	88,338.	63,713.	11,223.	13,402
6	trustees, and key employees Compensation not included above to disqualified	00,550.	05,715.	11,223•	13,402
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	636,745.	459,245.	80,896.	96,604
8	Pension plan accruals and contributions (include	,	,		- , - , - , - , - , - , - , - , - , - ,
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	39,364.	28,391.	5,001.	5,972
0	Payroll taxes	65,338.	47,124.	8,301.	5,972 9,913
1	Fees for services (nonemployees):				
а	Management				
b	Legal	9,436.	5,932.	2,470.	1,034
с	Accounting	108,075.	67,939.	28,289.	11,847
d	Lobbying				
е	° / L				
f	Investment management fees				
g		152 244	0 ()))	40 112	16 700
	column (A), amount, list line 11g expenses on Sch 0.)	153,244.	96,333. 7,792.	40,113.	16,798
12	Advertising and promotion	26,075. 3,136.	135.	233.	18,260 2,768
13	Office expenses	5,130.	133.	233.	2,700
14	Information technology				
15 16	Royalties	113,824.	107,364.	2,151.	4,309
10 17		1,193.	916.	12.	265
17 18	Payments of travel or entertainment expenses	1,1531	5101		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	14,780.	13,941.	279.	560
21	Payments to affiliates		-		
22	Depreciation, depletion, and amortization	45,356.	42,080.	977.	2,299
23	Insurance	29,534.	21,751.	6,603.	1,180
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Program Expenses	271,119.	266,564.	4,555.	0
b	Licenses and Fees	44,293.	26,968.	4,241.	13,084
с	Miscellaneous	17,942.	17,942.		
d	Staff and Volunteer Exp	11,275.	6,374.	3,418.	1,483
е	All other expenses	6,700.	5,658.	795.	247
25	Total functional expenses. Add lines 1 through 24e	1,685,767.	1,286,162.	199,580.	200,025
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (202

HOPE 4 Youth

		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	362,710.
	2	Cash - non-interest-bearing Savings and temporary cash investments		2	829,031.
	3	Pledges and grants receivable, net		3	72,470.
	4	Accounts receivable, net		4	88,346.
	5	Loans and other receivables from any current or former officer, director,		-	
	ľ	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		Ŭ	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	48,000.
As	9	Prepaid expenses and deferred charges		9	11,659.
		Land, buildings, and equipment: cost or other		_	
		basis. Complete Part VI of Schedule D 10a 1,833,60'	7.		
	b	basis. Complete Part VI of Schedule D10a1,833,60'Less: accumulated depreciation10b219,50'	1,659,461.	10c	1,614,105.
	11	Investments - publicly traded securities		11	40,282.
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	3,066,603.
	17	Accounts payable and accrued expenses		17	42,784.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	423,746.
	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	537,530.	26	466,530.
S		Organizations that follow FASB ASC 958, check here 🕨 🔟			
nce		and complete lines 27, 28, 32, and 33.	2 407 226		2 400 070
ala	27	Net assets without donor restrictions	2,497,336. 295,311.	27	2,489,878. 110,195.
ЧB	28	Net assets with donor restrictions		28	110,195.
"L		Organizations that do not follow FASB ASC 958, check here			
or		and complete lines 29 through 33.			
ets	29	Capital stock or trust principal, or current funds		29	
SS	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ž	32	Total net assets or fund balances		32	2,600,073. 3,066,603.
	33	Total liabilities and net assets/fund balances	5,550,177.	33	Form 990 (2021)

Form 990 (2021)

Part X Balance Sheet

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

Form **990** (2021)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this	Part XI			
Check if Schedule O contains a response or note to any line in this	Part XI			
		<u></u>		
1 Total revenue (must equal Part VIII, column (A), line 12)		1,492		
2 Total expenses (must equal Part IX, column (A), line 25)		1,685		
3 Revenue less expenses. Subtract line 2 from line 1		-193		
4 Net assets or fund balances at beginning of year (must equal Part X, line	32, column (A)) 4	2,792		
5 Net unrealized gains (losses) on investments			8	30.
6 Donated services and use of facilities				
7 Investment expenses				
8 Prior period adjustments				
9 Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (n				
<u> </u>	10	2,600),0'	73.
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this	Part XII			X
	_		Yes	No
1 Accounting method used to prepare the Form 990: Cash	Accrual Other			
If the organization changed its method of accounting from a prior year or	r checked "Other," explain on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an	independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements	for the year were compiled or reviewed on a			
separate basis, consolidated basis, or both:				
Separate basis Consolidated basis Both cons	olidated and separate basis			
b Were the organization's financial statements audited by an independent	accountant?	2b	X	
If "Yes," check a box below to indicate whether the financial statements	for the year were audited on a separate basis,			
consolidated basis, or both:				
X Separate basis Consolidated basis Both cons	olidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that as	sumes responsibility for oversight of the audit,			
review, or compilation of its financial statements and selection of an inde	ependent accountant?	2c	х	
If the organization changed either its oversight process or selection proc	ess during the tax year, explain on Schedule O.			
3a As a result of a federal award, was the organization required to undergo a	•			
Act and OMB Circular A-133?		3a		Х
b If "Yes," did the organization undergo the required audit or audits? If the				
or audits, explain why on Schedule O and describe any steps taken to ur	ndergo such audits	3b		

Form **990** (2021)

Department of the Treasury

Internal Revenue Service

(Form 990)

<u>Tot</u>al

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
 identification number

Nam	e of t	the organization	ele te transiger				Ī	Employer	identification number
		-	4 Youth						6-1626500
Pa	τI	Reason for Public		(All organizations must c	omplete ti	nis part) S	See instruction		0 1020500
		ization is not a private found							
1	//gaii	A church, convention of ch							
							·)(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		ollege or university owned	d or opera	ted by a g	overnmental u	nit descrik	bed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local go	vernment or governr	mental unit described in s	section 17	70(b)(1)(A)	(v).		
7	Х	An organization that norma	Illy receives a substa	antial part of its support f	rom a gov	ernmental	l unit or from th	ne general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	: 11.)				
9		An agricultural research org	ganization described	l in section 170(b)(1)(A)(i x) operate	ed in conju	unction with a	and-grant	college
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state of	the colleg	le or
		university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	oort from	contributio	ons, membersh	nip fees, a	nd gross receipts from
		activities related to its exen							
		income and unrelated busi	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	uired by the or	anization	after June 30, 1975.
		See section 509(a)(2). (Co		,			,	5	,
11		An organization organized	• •	ively to test for public sa	fetv. See :	section 50	09(a)(4).		
12		An organization organized	•		•			rrv out the	e purposes of one or
		more publicly supported or	-	-	-			•	
		lines 12a through 12d that	-						
а		Type I. A supporting orga				-		-	, aivina
u		the supported organization	-	-	•	-			
		organization. You must o			inajonty				apporting
b		7 -	-		tion with it	a aunnart	ad arganizatio	n(a) by ba	wing
D.		Type II. A supporting org	-				•		-
		control or management o			ame perso		Shiroi or mana	ye me sup	poneu
_		organization(s). You mus	-						
С		☐ Type III functionally interest						ly integrate	ed with,
-	_	its supported organizatio							
d		☐ Type III non-functionally						-	
		that is not functionally int		• •	•		-	l an attent	iveness
		requirement (see instruct		•					
е		☐ Check this box if the orga					а Туре I, Туре	II, Type III	
		functionally integrated, o	3 1	onally integrated support	ng organi	zation.			
f	Ente	er the number of supported of	organizations						
g		vide the following information			(iv) Is the orga	nization listed			
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10		ng document?	(v) Amount of	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)

HOPE 4 Youth

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

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

Sec	ction A. Public Support							
Cale	ndar 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.")	580,897.	1540782.	1135501.	652,953.	1354265.	5264398.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	580,897.	1540782.	1135501.	652,953.	1354265.	5264398.	
5								
	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)						216,399.	
6	Public support. Subtract line 5 from line 4.						5047999.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 4	580,897.	1540782.	1135501.	652,953.	1354265.	5264398.	
8	Gross income from interest.							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	2,250.	5,482.	11,349.	3,386.	13,085.	35,552.	
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.)	250,277.	91,435.	101,400.			443,112.	
11	Total support. Add lines 7 through 10	,	_ ,	- ,			5743062.	
	Gross receipts from related activities,	etc. (see instructi	ons)			12	654,268.	
	First 5 years. If the Form 990 is for th			fourth or fifth tax	vear as a section 5			
	organization, check this box and stop	-			-			
Sec	ction C. Computation of Publ							
	Public support percentage for 2021 (I			column (f))		14	87.90 %	
	Public support percentage from 2020					15	85.59 %	
	33 1/3% support test - 2021. If the c					nore, check this bo	x and	
	stop here. The organization qualifies	-				,	N V	
b	33 1/3% support test - 2020. If the c		-					
	and stop here. The organization qual	-						
17a								
	7a 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							
h	10% -facts-and-circumstances tes	-			-			
	more, and if the organization meets the	-						
	organization meets the facts-and-circl							
18	Private foundation. If the organizatio		-					
10	i mate roundation. Il the organizatio	an and not oneon a		a, 100, 17a, 01 17k				

Schedule A (Form 990) 2021

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 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.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
F						
6 Total. Add lines 1 through 5					+	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(a) 2010	(d) 2020	(a) 2021	(f) Total
· · · · · · ·	(a) 2017	(b) 2018	(c) 2019	(u) 2020	(e) 2021	(1) TOTAI
 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	e organization's f	irst. second. third.	fourth. or fifth tax	vear as a section	501(c)(3) orga	nization.
check this box and stop here	•					
Section C. Computation of Publi						······································
15 Public support percentage for 2021 (li			column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves						/0
17 Investment income percentage for 202					17	%
18 Investment income percentage from 2		'			18	%
19a 33 1/3% support tests - 2021. If the			on line 14 and line			
more than 33 1/3%, check this box ar b 33 1/3% support tests - 2020. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/	
line 18 is not more than 33 1/3%, che			•		0	
20 Private foundation. If the organization	<u>ı did not check a</u>	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶∟

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Part IV Supporting Organizations (

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			L
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral P	Part Test during the veafsee instructions).

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

Schedule A	(Form 990)	2021	HOPE	4	Youth			
Part V	Type III	Non-Fu	Inctionally In	teg	grated 509(a)(3)	Supporting	Organization	s

HOPE	4	Youth
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1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 4 Enter greater of line 2 or line 3. 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990) 2021

46-1	1626	500	Page 7
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HOPE	/	V ~ 11	ιth
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				/			
Sect	Section D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exe	1					
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purpose	IS	3				
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2021						
а	From 2016						
b	From 2017						
с	From 2018						
d	From 2019						
е	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2021 distributable amount						
i	Carryover from 2016 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2021 distributable amount						
с	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2017						
b	Excess from 2018						
С	Excess from 2019						
d	Excess from 2020						
е	Excess from 2021						

Schedule A (Form 990) 2021

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

123171 04-01-21

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
Heartland Tire Foundation	200,843.	85,982
Otto Bremer Trust	155,000.	40,139
Pohlad Family Foundation	180,000.	65,139
IPC Rose Giving Inc.	140,000.	25,139
otal Excess Contributions to Schedule A, Part II, Line 5		216,399

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Castian

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

HOPE 4 Youth	46-1626500
HOPE 4 FOUCH	40-1020300
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

HOPE	PE 4 Youth 46-						
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
<u> 1</u>	Heartland Tire Foundation <u>1954 SE 13th St</u> Brainerd, MN 56401	\$96,333.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	Eagle Brook Church 7015 20th Ave Centerville, MN 55038	\$80,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3	Anoka Hennepin Schools-District Office 2727 N Ferry St Anoka, MN 55303	\$45,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Employer identification number

Page 2

Name of organization

	ganization		yer identification numbe
OPE 4	l Youth	46	-1626500
Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1			

Schedule B (Form 990) (2021)

Page 3

Name of ore	ganization			Employer identification number
HOPE 4	Youth			46-1626500
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) th completing Part III, enter the total of exclusively religious, cha Use duplicate copies of Part III if additional sp	nrough (e) and the following line e aritable, etc., contributions of \$1,000 o	ntry For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De:	scription of how gift is held
 		(e) Transfer of gi	 ft	
	Transferee's name, address, and	I ZIP + 4	Relationship of t	ransferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De:	scription of how gift is held
	Transferee's name, address, and	(e) Transfer of gi		ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of gi	 	
-	Transferee's name, address, and			ransferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of gi		
	Transferee's name, address, and	I ZIP + 4	Relationship of t	ransferor to transferee

Department of the Treasury Internal Revenue Service

Name of the organization

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

Nam	HOPE 4 Youth	46-1626500						
Pa		her Similar Fund						
	organization answered "Yes" on Form 990, Part IV, line 6.							
	-	advised funds	(b) Funds and other accounts					
1	Total number at end of year		(-)					
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in writing that the ass	ets held in donor advi	sed funds					
Ŭ	are the organization's property, subject to the organization's exclusive legal con							
6	Did the organization inform all grantees, donors, and donor advisors in writing th							
•	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring							
	impermissible private benefit?	, , ,						
Pa								
1	Purpose(s) of conservation easements held by the organization (check all that a							
•	Preservation of land for public use (for example, recreation or education)		f a historically important land area					
	Protection of natural habitat		f a certified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualified conservation or	ontribution in the form	of a conservation easement on the last					
_	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements							
c	Number of conservation easements on a certified historic structure included in (
d	Number of conservation easements included in (c) acquired after 7/25/06, and r							
	listed in the National Register							
3	Number of conservation easements modified, transferred, released, extinguishe							
	year 🕨	, ,	5 5					
4	Number of states where property subject to conservation easement is located							
5	Does the organization have a written policy regarding the periodic monitoring, in							
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violatio							
	▶							
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, a	and enforcing conserv	ation easements during the year					
	▶ \$							
8	Does each conservation easement reported on line 2(d) above satisfy the requir							
	and section 170(h)(4)(B)(ii)?		Yes 🗔 No					
9	In Part XIII, describe how the organization reports conservation easements in its	s revenue and expens	e statement and					
	balance sheet, and include, if applicable, the text of the footnote to the organization	ation's financial staten	nents that describes the					
Des	organization's accounting for conservation easements.	1 T						
Pa	rt III Organizations Maintaining Collections of Art, Historica	-	other Similar Assets.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8							
та	If the organization elected, as permitted under FASB ASC 958, not to report in i							
	of art, historical treasures, or other similar assets held for public exhibition, educ		•					
	service, provide in Part XIII the text of the footnote to its financial statements the							
b	If the organization elected, as permitted under FASB ASC 958, to report in its re							
	art, historical treasures, or other similar assets held for public exhibition, educat	tion, or research in fur	therance of public service,					
	provide the following amounts relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1							
~	(ii) Assets included in Form 990, Part X							
2	If the organization received or held works of art, historical treasures, or other sin		al gain, provide					
	the following amounts required to be reported under FASB ASC 958 relating to		► ¢					
a h	Revenue included on Form 990, Part VIII, line 1							
	Assets included in Form 990, Part X							
LIIA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2021					

Sche	dule D (Form 990) 2021 HOPE 4								2650		age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, o	or Othe	r Similar	Asse	ts (contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check	any of the	following that	at make si	gnificant us	se of its			
	collection items (check all that apply):										
а	Public exhibition	d	ιЦι	oan or exc	hange progra	am					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how th	ey further t	he organizati	on's exer	npt purpos	e in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, his	storical trea	sures, or oth	er similar	assets		-		-
	to be sold to raise funds rather than to be m		0						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" on	Form 990, I	Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod		•						-		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:							
									Amoun		
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
t	Ending balance										1
	Did the organization include an amount on F						• • • • • • • • • • • • • • • • • • • •		Yes		J No ∣
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete]
1 41		(a) Current year		rior year	(c) Two year			rs back	(e) Four	vears	hack
10	Reginning of year balance	(u) ourroint your	(8)11	lor your	(0) 1110 you			io buon	(0) + 041	youro	
la b	Beginning of year balance										
0	Contributions										
с А	Grants or scholarships										
	Other expenditures for facilities										
C	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent vear end balanc	e (line 10	a. column (a	a)) held as:						
_ a	Board designated or quasi-endowment		%	y, e e e e e e e e e e	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
b	Permanent endowment	%									
		%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse		ation tha	t are held a	nd administe	ered for th	ne organizat	ion			
	by:	-					-		[Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the	e organization's endo	wment f	unds.							
Par	t VI Land, Buildings, and Equipn	nent.									
	Complete if the organization answere	d "Yes" on Form 990), Part IV	', line 11a. S	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o		• •	or other	• •	cumulated		(d) Boo	k value	Э
		basis (investr	nent)		(other)	dep	reciation				
1a	Land				9,000.					9,0	
	Buildings				2,276.	1	.81,41		1,23		
с	Leasehold improvements				0,460.		7,26			3,2	
d	Equipment				6,574.		15,46			$\frac{1,1}{2}$	
	Other				5,297.		15,35			9,9	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	nn (B), line 1	'0c.)				1,61	4,1	05.

Schedule D (Form 990) 2021

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of vear market value
		(c) Method of Valdation. Cost of end	or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(3) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
-	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			
(4) (5) (6)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)		
(4) (5) (6) (7) (8)	- 15.)		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	,	▶ • 11e or 11f. See Form 990, Part X, line 25.	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (,	● 11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability	,	≥ 11e or 11f. See Form 990, Part X, line 25.	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes	,	e 11e or 11f. See Form 990, Part X, line 25.	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2)	,	e 11e or 11f. See Form 990, Part X, line 25.	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3)	,	• 11e or 11f. See Form 990, Part X, line 25.	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	,		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	,		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (6)	,		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	,	e 11e or 11f. See Form 990, Part X, line 25.	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	,	a 11e or 11f. See Form 990, Part X, line 25.	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line		

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

Sche	Schedule D (Form 990) 2021 HOPE 4 Youth			46-2	1626500	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With R				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.				
1	Total revenue, gains, and other support per audited financial statements			1	1,493	,193.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	_ 2a	830.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		830.
3	Subtract line 2e from line 1			3	1,492	,363.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b				_
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,492	<u>,363.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per	Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				1 605	
1	Total expenses and losses per audited financial statements			1	1,685	,767.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities					
b	Prior year adjustments	_ 2b				
С	Other losses	_ 2c				
d	Other (Describe in Part XIII.)					•
е	Add lines 2a through 2d			2e	1 605	0.
3	Subtract line 2e from line 1			3	1,685	,767.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	1,685	,767.
Pa	t XIII Supplemental Information.					

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

SCHEDULE G (Form 990)		ntal Information Regardin	-					OMB No. 1545-0047	
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								2021	
Department of the Treasury Internal Revenue Service	ry ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.								
Name of the organization	n							lentification number	
Part I Fundrais	HOPE 4			/		line 1	46-162		
	complete this par	 Complete if the organization answ t. 	wered "	res" oi	n Form 990, Part IV,	line i	7. Form 990-	=2 filers are not	
 Indicate whether the a Mail solicitate Mail solicitate Internet and Phone solicitate In-person social In-person social Indicate the organization key employees listed If "Yes," list the 100 key 	1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events								
compensated at le	east \$5,000 by the	organization.							
(i) Name and addres or entity (fund		(ii) Activity	have or co	Did raiser sustody ntrol of utions?	(iv) Gross receipts from activity	tò (c	(v) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount to (or retained organizat		
			Yes	No					
Total									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.									

HOPE 4 Youth

46-1626500 Page 2

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

		of fundraising event contributions and gr		· · · · · · · · · · · · · · · · · · ·	0	<u>g: cuto: u.u.: to;coo:</u>
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			a 1	4	0	(add col. (a) through
			Gala	4K	2	col. (c))
ø			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	95,889.	60,091.	54,327.	210,307.
	2	Less: Contributions	63,825.	47,128.	54,272.	165,225.
	3	Gross income (line 1 minus line 2)	32,064.	12,963.	55.	45,082.
	4	Cash prizes	1,000.	0.	0.	1,000.
	5	Noncash prizes	23,320.	6,633.	0.	29,953.
Expenses	6	Rent/facility costs	1,500.	0.	12,600.	14,100.
Direct Ex	7	Food and beverages	3,992.	26.	169.	4,187.
ā	8	Entertainment	4,700.			4,700.
	9	Other direct expenses	5,732.	165.	60.	5,957.
	10 Direct expense summary. Add lines 4 through 9 in column (d)					59,897.
	11	Net income summary. Subtract line 10 from I	ne 3, column (d)		►	-14,815.

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

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Rev	1	Gross revenue								
S	2	Cash prizes								
Direct Expenses	3	Noncash prizes								
lirect E	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No					
	7 Direct expense summary. Add lines 2 through 5 in column (d)									
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)							
 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 										
	 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain: 									

Sch	nedule G (Form 990) 2021 HOPE 4 Youth 4	6-1626	500	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		Yes	No No
12	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:		162	
		13a	I I	04
	a The organization's facility			<u>%</u>
	o An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records			70
14	Name			
	Address ►			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
Ľ	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	E.		
_	of gaming revenue retained by the third party \triangleright \$			
c	c If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
-	retain the state gaming license?		Yes	
ł	Denter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the amount of distributions of spent in the amount of distributions are presented and the state law to be distributed to other exempt organizations or spent in the amount of distributions are presented and the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent organizations or spent organizations organizat	the		
	organization's own exempt activities during the tax year > \$			
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar	nd Part III, li	nes 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			,

Part IV Supplemental In	formation (continued)		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

202 **Open to Public**

Inspection

Name of the organization	
rune of the organization	

HOPE 4 Youth	
--------------	--

46-1626500	Employer identification number
	46-1626500

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	eterminiı	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		47,175.	Value Per P	ound	1	
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	17,976	36,548.	Value Per P	ound	1	
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other 🕨 (School Suppli)	Х	3,573	20,300.	Value Per P	ound	1	
26	Other (Gift Cards)	Х	101	6,680.	Face Value			
27	Other (Paper Product)	Х	12	2,004.	Face Value			
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 828	33, Part V, I	Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p					31		Х
32a	Does the organization hire or use third parties of	or related or	rganizations to soli	cit, process, or sell noncash				37
	contributions?					32a		X
b	If "Yes," describe in Part II.							

describe in Part II. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

Schedule M (Form 990) 2021

46-1626500 Page 2

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

SCHEDULE O (Form 990)



46-1626500

HOPE 4 Youth

Form 990, Part III, Line 3, Changes in Program Services:

Hope's closet was closed in January 2021 due to lease expiring.

Form 990, Part III, Line 4a, Program Service Accomplishments: can also utilize housing navigation program services like the Hope Homes program that stabilizes "couch-hopping" youth by providing financial stipends and support to youth and adult hosts willing to be a stable, dependable relationship for the youth while also providing them with a place to stay.

In 2016, HOPE 4 Youth opened Hope Place, the first supportive transitional housing program for youth ages 18-24 in the north metro area. Youth can stay at Hope Place for up to 24 months as they receive full-time case management and work to gain the life skills needed on their path to self-sufficiency.

HOPE 4 Youth works in partnership with over 100 volunteers who provide support to youth as mentors in the Drop-In Center and organize and manage the Donations Center which accepts in-kind donations of food and clothing from the community.

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

The Form 990 is reviewed by the Executive Committee before being presented to the board.

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

Name of the organization

HOPE 4 Youth

Policies are reviewed and updated annually.

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

The Organization reviews performance using 360 feedback and recent

compensation study reports for the industry/field.

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

All governing documents of the Organization, including federal form 990,

Conflict of Interest Policy and financial statements can be reviewed by

contacting Hope 4 Youth.

Form 990, Part XII, Line 2c

The process has not changed from the prior year.

Form 990, Part I, Line 19

HOPE 4 Youth's current year 990 reflects a 12-month period from January
1st - December 31st, 2021. HOPE 4 Youth's prior year 990 reflects a
3-month period from October 1st - December 31st, 2020. Fiscal year 2020
incorporated two 990s: the prior year 3-month 990 and a 12-month 990
reflectiong operations from October 1st, 2019 - September 30th, 2020.
This was due to a fiscal year change in 2020.

Form 8879-TE			OMB No. 1545-0047		
Form OOI 9-IL	For calendar year 2021, or fiscal year beginning , 2021, and ending				0004
	i di calendai yeai 202	Do not send to the IRS.		, 20	2021
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form8879		ı.	
Name of filer		j		EIN or SS	N
HOPE 4	Youth			46-1	626500
Name and title of officer or pe	erson subject to tax	Don Phillips			
		Treasurer			
Part I Type of	Return and Re	turn Information			
Form 5330 filers may enter or 10a below, and the amo	er dollars and cents ount on that line for	e using this Form 8879-TE and e For all other forms, enter whole the return being filed with this fo D-). But, if you entered -0- on the	dollars only. If you check the l orm was blank, then leave line	box on line 1a, 2a • 1b, 2b, 3b, 4b, 5 b	, 3a, 4a, 5a, 6a, 7a, 8a, 9a, b, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	nere ► X	b Total revenue, if any (Form			
2a Form 990-EZ che	eck here 🕨 🛄	b Total revenue, if any (Form			
3a Form 1120-POL	check here 🕨 🛄	b Total tax (Form 1120-POL,			
4a Form 990-PF che			income (Form 990-PF, Part V,		-
5a Form 8868 check			ine 3c)		
6a Form 990-T chec			III, line 4)		
7a Form 4720 check 8a Form 5227 check		 b Total tax (Form 4720, Part b FMV of assets at end of tag 	III, line 1)		
8a Form 5227 check9a Form 5330 check		b Tax due (Form 5330, Part I	, ,		8b 9b
10a Form 8038-CP ch		b Amount of credit payment		Part III line 22)	90 10b
		ture Authorization of Offi	icer or Person Subject	to Tax	
		I am an officer of the above ent			spect to (name
acknowledgement of rece of any refund. If applicable entry to the financial instit financial institution to deb later than 2 business days payment of taxes to receiv	ipt or reason for rej e, I authorize the U. ution account indic it the entry to this a s prior to the payme ve confidential infor	electronic return originator (ERO ection of the transmission, (b) th S. Treasury and its designated F ated in the tax preparation softw iccount. To revoke a payment, I ent (settlement) date. I also author mation necessary to answer inqui gnature for the electronic return a	e reason for any delay in proc inancial Agent to initiate an ele are for payment of the federal must contact the U.S. Treasur orize the financial institutions in uiries and resolve issues relate	essing the return of lectronic funds wit al taxes owed on the ry Financial Agent nvolved in the pro ed to the payment	or refund, and (c) the date thdrawal (direct debit) nis return, and the at 1-888-353-4537 no cessing of the electronic t. I have selected a
PIN: check one box only X I authorize Ab				1	PIN 43581
		ERO firm name		to enter my	Enter five numbers, but
					do not enter all zeros
with a state age on the return's c	ncy(ies) regulating disclosure consent	21 electronically filed return. If I h charities as part of the IRS Fed/S screen. ax with respect to the entity, I wi	State program, I also authorize	e the aforemention	ned ERO to enter my PIN
return. If I have IRS Fed/State p	indicated within this program, I will enter	s return that a copy of the return my PIN on the return's disclosur	is being filed with a state age	ency(ies) regulating	g charities as part of the
Signature of officer or person subjection Part III Certification	ect to tax >	entication		Dat	te 🕨
ERO's EFIN/PIN. Enter yo					
number (EFIN) followed by	-	-	4132160 Do not enter a		
		IN, which is my signature on the requirements of Pub. 4163, Mod			
ERO's signature 🕨			Date 🕨	05/13/22	
			.		
		ERO Must Retain This Fo ubmit This Form to the II			

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

►	File a	separate	application	for	each ret	urn.

Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Type or						number (TIN)		
print	HOPE 4 Youth	46-1626500		6500				
File by the due date for filing your return. See	date for Number, street, and room or suite no. If a P.O. box, see instructions.							
instruction		oreign add	lress, see instructions.					
Enter th	e Return Code for the return that this application is for (fill	e a separa	te application for each return)			0 1		
Applica	tion	Return	Application			Return		
ls For		Code	Is For			Code		
Form 99	00 or Form 990-EZ	01	Form 1041-A			08		
Form 47	'20 (individual)	03	Form 4720 (other than individual)			09		
Form 99	00-PF	04	Form 5227			10		
Form 99	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 99	00-T (trust other than above)	06	Form 8870			12		
Form 99	00-T (corporation)	07						
Telep If the If this box 1 Ir th 2 If	equest an automatic 6-month extension of time until e organization named above. The extension is for the org. • X calendar year 2021 or • tax year beginning the tax year entered in line 1 is for less than 12 months, c Change in accounting period	Blvd s in the Ur Group Exe and atta Nover anization's , an theck reas	Fax No.	f this is fo all memb	r the whole gro pers the extensi npt organizatior	on is for.		
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.), enter the	e tentative tax, less	3a	\$	0.		
b If	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
es	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b				0.			
c Ba	alance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required, by					
us	sing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ons.	3c	\$	0.		
Cautior instruct	n: If you are going to make an electronic funds withdrawal ions.	(direct de	bit) with this Form 8868, see Form 8	453-TE ar	nd Form 8879-T	E for payment		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

TAX RETURN FILING INSTRUCTIONS

MINNESOTA ANNUAL REPORT

FOR THE YEAR ENDING

December 31, 2021

Prepared for	
	HOPE 4 Youth 2191 Northdale Blvd NW Coon Rapids, MN 55433
Prepared by	Abdo LLP 5201 Eden Ave Ste 250 Edina, MN 55436
Amount due or refund	Balance due of \$25.00
Make check payable to	State of Minnesota
Mail tax return and check (if applicable) to	Minnesota Attorney Generals Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130
Return must be mailed on or before	July 15, 2022
Special Instructions	The report should be signed and dated by the authorized individual(s). Include the organization's Federal Employer Identification Number and 2021 Annual Report on the remittance.

Mail To: Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

Website Address: www.ag.state.mn.us/charity

STATE OF MINNESOTA

CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

SECTION A: Organization Information

Legal Name of Organization HOPE 4 Youth	
Federal EIN: 46-1626500	Fiscal Year-End: 12312021
	mm/dd/yyyy
	Did the organization's fiscal year-end change? Yes X No
Mailing Address: LaChelle Williams	Physical Address: LaChelle Williams
Contact Person 2191 Northdale Blvd NW	Contact Person 2191 Northdale Blvd NW
Street Address Coon Rapids, MN 55433	Street Address Coon Rapids, MN 55433
City, State, and ZIP Code 763-323-2066	City, State, and ZIP Code 763-323-2066
Phone Number 1williams@hope4youthmn.org	Phone Number 1williams@hope4youthmn.org
Email Address	Email Address
 Organization's website: <u>HOPE4YOUTHMN.ORG</u> List all of the organization's alternate and former names (atta 	
	Alternate Former
 List all names under which the organization solicits contribut Hope 4 Youth 	ions (attach list if more space is needed).
4. Is the organization incorporated pursuant to Minn. Stat. ch. 3	317A? X Yes No
5. Total amount of contributions the organization received from	Minnesota donors: \$ 867,223.
6. Has the organization's tax-exempt status with the IRS chang Yes X No If yes, attach explanation.	ed?
 Has the organization significantly changed its purpose(s) or p Yes X No If yes, attach explanation. 	program(s)?

C2

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

8.	Has the organization been denied the right to solicit contributions by any court or gove \square Yes \boxed{X} No If yes, attach explanation.	ernment agency?	
9.	Does the organization use the services of a professional fundraiser (outside solicitor or solicit contributions in Minnesota? \square Yes \boxed{X} No If yes, provide the following information for each (attach list if more space is needed):	consultant) to	
	Name of Professional Fundraiser	Compensation	
	Street Address	City, State, and ZIP Cod	е
10.	Is the organization a food shelf? Yes X No If yes, is the organization required to file an audit? Yes, audit attached Note: An organization that has total revenue of more than \$750,000 is required to file a accordance with generally accepted accounting principles by an independent CPA or donated food to a nonprofit food shelf may be excluded from the total revenue if the for subsequent distribution at no charge and is not resold.	LPA. The value of	
11.	Do any directors, officers, or employees of the organization or its related organization(s compensation* of more than \$100,000? \square Yes X No If yes, provide the following information for the five highest paid individuals:	s) receive total	
	Name and title	Compensation*	Other compensation

*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7)

issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd.

3(i) and Minn. Stat. § 317A.011 for definitions.

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME

1.	Contributions Received	\$	1
2.	Government Grants	\$	2
3.	Program Service Revenue	\$	3
4.	Other Revenue	\$	4
5.	TOTAL INCOME	\$	5
EXPE	INSES		
6.	Program Expenses	\$	6
7.	Management & General Expenses	\$	7
8.	Fund-raising Expenses	\$	8
9.	TOTAL EXPENSES	\$	9
10.	EXCESS or DEFICIT	\$	10
	(Line 5 minus Line 9)		
ASSE	TS		
11.	Cash	\$	11
12.	Land, Buildings & Equipment	\$	12
13.	Other Assets	\$	13
14.	TOTAL ASSETS	\$	14
LIAB	ILITIES		
15.	Accounts Payable	\$	15
16.	Grants Payable	\$	16
17.	Other Liabilities	\$	17
18.	TOTAL LIABILITIES	\$	18
FUN	D BALANCE/NET WORTH	\$	
(Line 1	4 minus Line 18)	·	

C2

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

Colu	Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.						
		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1.	Grants and other assistance to governments						
	and organizations in the U.S.						
2.	Grants and other assistance to individuals in the U.S.						
3.	Grants and other assistance to governments,						
	organizations, and individuals outside the U.S.						
4.	Benefits paid to or for members						
5.	Compensation of current officers, directors,						
	trustees, and key employees						
6.	Compensation not included above, to disqualified						
	persons (as defined under section 4958(f)(1) and						
	persons described in section 4958(c)(3)(B)						
7.	Other salaries and wages						
8.	Pension plan contributions (include section						
	401(k) and section 403(b) employer contributions)						
9.	Other employee benefits						
	Payroll taxes						
11.	Fees for services (non-employees):						
	Management						
	Legal						
	Accounting						
	Lobbying						
	Professional fundraising services						
	Investment management fees						
	Other						
12. 13.	Advertising and promotion						
14.	Office expenses Information technology						
14.	Royalties						
16.	Occupancy						
17.	Travel						
	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						
24.	Other expenses. Itemize expenses not covered						
	above. Expenses labeled miscellaneous may						
	not exceed 5% of total expenses (Line 25).						
a.							
b.							
c.							
d.							
25.	Total functional expenses. Add lines 1 through 24d						
26.	Joint costs. Check here SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation						
L			1	1	1		

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section C: Board of Directors Signatures and Acknowled	dgment
The form must be executed pursuant to a resolution of the board of directo	rs, trustees, or managing group and
must be signed by two officers of the organization. See Minn. Stat. § 309.5	2, subd. 3.
We, the undersigned, state and acknowledge that we are duly constitu	ted officers of this organization, being the
Executive Director (Title) and Treasu:	rer (Title) respectively, and
that we execute this document on behalf of the organization pursuant to th	e resolution of the
Board of Directors (Board	of Directors, Trustees, or Managing Group) adopted on the
day of, 20, approving the contents of the docum	nent, and do hereby certify that the
Board of Directors (Board	of Directors, Trustees, or Managing Group) has assumed, and will continue
to assume, responsibility for determining matters of policy, and have super	vised, and will continue to supervise, the operations and finances of the
organization. We further state that the information supplied is true, correct	and complete to the best of our knowledge.
LaChelle Williams	Don Phillips
Name (Print)	Name (Print)
Signature	Signature
Executive Director	Treasurer
Title	Title
Date	Date



Management Letter

HOPE 4 Youth, Inc.

Coon Rapids, Minnesota

For the Year Ending December 31, 2021



Edina Office

5201 Eden Avenue, Ste 250 Edina, MN 55436 P 952.835.9090 F 952.835.3261 Mankato Office

100 Warren Street, Ste 600 Mankato, MN 56001 P 507.625.2727 F 507.388.9139

AbdoSolutions.com



April 18, 2022

Board of Directors HOPE 4 Youth, Inc. Coon Rapids, Minnesota

We have audited the financial statements of HOPE 4 Youth, Inc. (the Organization) as of and for the year ended December 31, 2021 and have issued a report thereon dated April 18, 2022. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of the audit. We have communicated such information in our letter to you dated February 16, 2022. Professional standards require that we communicate to you the following information related to our audit.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements of the Organization for the year ended December 31, 2021, in accordance with auditing standards generally accepted in the United States of America, we considered the Organization's internal control over financial reporting as a basis for designing our auditing procedures, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over financial reporting.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements on a timely basis. A material weakness is a deficiency or combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control over financial reporting that might be deficiencies, significant deficiencies or material weaknesses.

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Organization are described in Note 1 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during the year. We noted no transactions entered into by the Organization during the year for which there is a lack of authoritative guidance or consensus. There are no significant transactions that have been recognized in the financial statement in a different period than when the transaction occurred.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most significant estimates affecting the financial statements were:

- Management's estimate of the discount on pledges receivable. We evaluated the key factors and assumptions
 used to develop the discount in determining that it is reasonable in relation to the financial statements taken as a
 whole.
- Management's estimate of the depreciation of property and equipment is based on the estimated useful life of the assets. We evaluated the key factors and assumptions used to develop the depreciation in determining that it is reasonable in relation to the financial statements taken as a whole.
- Management's estimate of the expense allocation is based on management's judgment. We evaluated the key
 factors and assumptions used to develop the allocation in determining that it is reasonable in relation to the
 financial statements taken as a whole.

The disclosures in the financial statements are neutral, consistent, and clear. Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. There were no uncorrected misstatements noted during the audit. A list of corrected misstatements was presented to management at the end of the audit.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a matter, whether or not resolved to our satisfaction, concerning a financial accounting, reporting, or auditing matter that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated April 18, 2022.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Organization's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Organization's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.



* * * * *

This report is intended solely for the information and use of management and Board of Directors and is not intended to be and should not be used by anyone other than these specified parties.

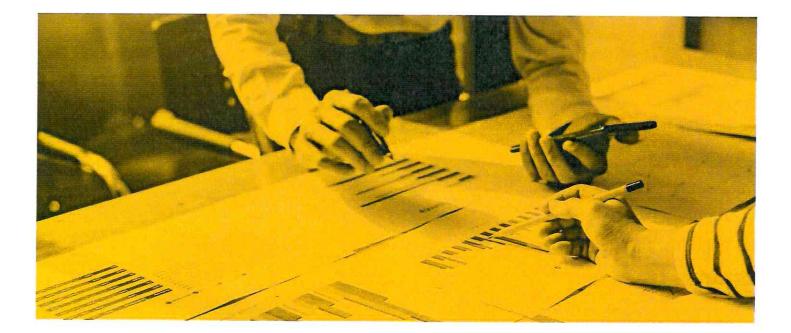
Our audit would not necessarily disclose all weaknesses in the system because it was based on selected tests of the accounting records and related data. The comments and recommendations in the report are purely constructive in nature, and should be read in this context.

If you have any questions or wish to discuss any of the items contained in this letter, please feel free to contact us at your convenience. We wish to thank you for the opportunity to be of service and for the courtesy and cooperation extended to us by your staff.

Abdo

Abdo Minneapolis, Minnesota April 18, 2022





Financial Statements

HOPE 4 Youth, Inc.

Coon Rapids, Minnesota

For the Year Ending December 31, 2021



Edina Office

5201 Eden Avenue, Ste 250 Edina, MN 55436 P 952.835.9090 F 952.835.3261 Mankato Office

100 Warren Street, Ste 600 Mankato, MN 56001 P 507.625.2727 F 507.388.9139

HOPE 4 Youth, Inc. Table of Contents December 31, 2021

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INDEPENDENT AUDITOR'S REPORT

Board of Directors HOPE 4 Youth, Inc. Coon Rapids, Minnesota

Opinion

We have audited the accompanying financial statements of HOPE 4 Youth, Inc. (a nonprofit organization), which comprise the statement of financial position as of December 31, 2021, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of HOPE 4 Youth, Inc. as of December 31, 2021, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of HOPE 4 Youth, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about HOPE 4 Youth, Inc. ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

Abdo Minneapolis, Minnesota April 18, 2022



FINANCIAL STATEMENTS

HOPE 4 Youth, Inc. Statement of Financial Position December 31, 2021

Assets	
Current Assets	\$ 690,763
Cash and cash equivalents - general	500,978
Cash and cash equivalents - board designated operating reserve	88,346
Accounts, grants, and contracts receivable Pledges receivable, net of discount of \$654	72,470
Č Č	48,000
Inventory Preneid expenses	11,659
Prepaid expenses Total Current Assets	1,412,216
Total Guitein Assets	
Investments	40,282
Property and Equipment	
Land	369,000
Buildings and improvements	1,422,736
Machinery and equipment	16,574
Vehicles	25,297
Total Property and Equipment	1,833,607
Accumulated Depreciation	(219,502)
Property and Equipment, Net	1,614,105
	0 0066 600
Total Assets	\$ 3,066,603
Liabilities	
Current Liabilities	à
Accounts payable	\$ 4,775
Accrued liabilities	38,009
Mortgage payable-current portion	29,177
Total Current Liabilities	71,961
Long-term Liabilities	
Mortgage payable, non-current	394,569
Total Liabilities	466,530
Net Assets	
Without Donor Restriction	
Undesignated	1,988,900
Board designated, operating reserve	500,978
Total Net Assets Without Donor Restriction	2,489,878
With Donor Restrictions	110,195
Total Net Assets	0 600 072
	2,600,073
Total Liabilities and Net Assets	\$ 3,066,603

See Independent Auditor's Report and Notes to the Financial Statements.

HOPE 4 Youth, Inc. Statement of Activities For the Year Ended December 31, 2021

	Without Donor Restrictions	With Donor Restrictions	Total
Revenues and Support			
Support			
Donations, gifts, and contracts	\$ 987,999	\$ 88,333	\$ 1,076,332
Special events, net of expenses of \$59,897	150,410	-	150,410
In-kind contributions	112,708	-	112,708
Total Support	1,251,117	88,333	1,339,450
Revenue			
Program service fees	136,868	_	136,868
Hope's Closet store sales	3,765	-	3,765
Interest and investment income, net of fees of \$446	13,085	-	13,085
Other revenue	25	-	25
Total Revenue	153,743		153,743
Net Assets Released from Restriction	273,449	(273,449)	ىدە 1990
Total Revenues and Support	1,678,309	(185,116)	1,493,193
Expenses			
Program services	1,286,162	~	1,286,162
Support services			· · · · · · · · · · · · · · · · · · ·
Fundraising	200,025	-	200,025
Management and general	199,580	-	199,580
Total Support Services	399,605		399,605
Total Expenses	1,685,767	-	1,685,767
Change in Net Assets	(7,458)	(185,116)	(192,574)
Net Assets, Beginning of Year	2,497,336	295,311	2,792,647
Net Assets, End of Year	\$ 2,489,878	\$ 110,195	\$ 2,600,073

See Independent Auditor's Report and Notes to the Financial Statements.

HOPE 4 Youth, Inc. Statement of Functional Expenses For the Year Ended December 31, 2021

	PO			Cocinider of	,		Total	
		Program Services	Fu	ndraising		ngement & General	ipporting Services	 Total
Payroll, Taxes and Benefits Contract Services and Professional Fees Insurance Building and Facilities Supplies and Minor Equipment Postage, Mailing and Delivery Staff, Board and Volunteer Expenses Program Expenses Printing and Promotion Travel and Transportation Licenses, Memberships, Dues and Fees Miscellaneous	\$	598,473 170,204 21,751 121,305 5,658 135 6,374 266,564 7,792 916 26,968 17,942	\$	125,891 29,679 1,180 4,869 247 2,768 1,483 - 18,260 265 13,084	\$	105,421 70,873 6,603 2,430 795 233 3,418 4,554 23 12 4,241	\$ 231,312 100,552 7,783 7,299 1,042 3,001 4,901 4,554 18,283 277 17,325	\$ 829,785 270,756 29,534 128,604 6,700 3,136 11,275 271,118 26,075 1,193 44,293 17,942
Depreciation		42,080		2,299		977	 3,276	 45,356
Total Expenses	\$	1,286,162	\$	200,025	\$	199,580	\$ 399,605	\$ 1,685,767

See Independent Auditor's Report and Notes to the Financial Statements.

HOPE 4 Youth, Inc. Statement of Cash Flows For the Year Ended December 31, 2021

Cash Flows from Operating Activities Change in net assets Adjustments to reconcile change in net assets to net cash used by operating activities:	\$ (192,574)
Depreciation expense Net realized and unrealized investment gain (Increase) decrease in constant	45,356 (698)
(Increase) decrease in assets: Accounts, grants and contracts receivable Pledges receivable Inventory Prepaid expenses Increase (decrease) in liabilities:	(5,023) 100,669 22,508 (1,155)
Accounts payable Accrued salaries Net Cash Used by Operating Activities	(41,989) (3,506) (76,412)
Cash Flows from Financing Activities	
Principal payments on long-term debt	(25,505)
Change in Cash and Cash Equivalents	(101,917)
Cash and Cash Equivalents, Beginning of Year	1,293,658
Cash and Cash Equivalents, End of Year	\$ 1,191,741
Reconciliation of Cash and Cash Equivalents: Amounts reported within the Statement of Financial Position that sum to the total above:	
Cash and cash equivalents - general Cash and cash equivalents - board designated operating reserve	\$ 690,763 500,978
Total Cash and Cash Equivalents	\$ 1,191,741
Supplemental Disclosure of Cash Flow Information: Cash paid during the year for: Interest	
111121231	<u>\$ 19,609</u>

Note 1: Summary of Significant Accounting Policies

A. Nature of Activities

HOPE 4 Youth, Inc. (the Organization or HOPE) is a not-for-profit organization, incorporated on December 13, 2012 under the laws of the State of Minnesota. The Organization provides a Drop-In Center for youth ages 16 to 24 who are experiencing homelessness in the north metro suburbs. At the Drop-In Center, youth are provided with services and resources including basic needs such as food, water, clothing, personal hygiene products, and other essential survival items (which are mainly received through donations), hot meals, laundry facilities, private showers, computer and internet access, and case management. HOPE also partners with other service providers and educators in the north metro suburbs to help provide homeless youth with housing options through their housing navigation and outreach programs that prevent and address homelessness. In addition, HOPE provides access to education and employment opportunities in partnership with the Anoka County Workforce.

Since incorporation, the Organization added additional services to homeless youth by establishing a long-term transitional living facility aimed at transitioning homeless youth to permanent affordable housing. Youth receive wrap-around services on site at the "HOPE Place," including full-time case management.

Additionally, in 2017, HOPE entered into a lease agreement to open a resale boutique store, "HOPE's Closet" in Champlin, Minnesota. Utilizing volunteers, HOPE's Closet began operating in early 2018, selling donated high-quality women's clothing and home décor.

B. Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America. Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor restrictions. Accordingly, net assets of HOPE 4 Youth, Inc. and related changes are classified and reported as follows:

<u>Net Assets Without Donor Restrictions (Unrestricted)</u> - Those resources over which the Board of Directors has discretionary control.

<u>Net Assets With Donor Restrictions (Restricted)</u> - Those resources subject to donor imposed restrictions which will be satisfied by actions of the Organization or passage of time or that are to be maintained permanently by the Organization. There are no net assets to be maintained permanently.

C. Use of Estimates

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

D. Cash Equivalents

For the purposes of the statement of cash flows, the Organization considers investments with an original maturity of three months or less to be cash equivalents.

E. Investments

Investments are generally recorded at fair value based upon quoted market prices, when available, or estimates of fair value. Investment income or loss and unrealized gains or losses are included in the statement of activities as increases or decreases in unrestricted net assets unless the income or loss is restricted by the donor or law. Investments consist of money market securities and mutual funds held with a broker. Investments are classified as available-for-sale investments with unrealized gains and losses recognized in the current period.

Note 1: Summary of Significant Accounting Policies (Continued)

F. Accounts Receivable

Accounts receivable consists of transitional housing rent and services provider subsidies. Accounts receivable are stated at the amount management expects to collect from balances outstanding at year-end. Management considers all receivables fully collectible; accordingly, no allowance for doubtful accounts is recorded. If amounts become uncollectible, they are charged to activities when that determination is made. Balances that are still outstanding after management has used reasonable collection efforts are written off.

G. Grants Receivable

Grants receivable consist of amounts due from government agencies or private donors, based on the terms of the related grant agreements. Management periodically reviews the status of all grants receivable for collectability. The Organization provides for losses on grants receivable using the allowance method. Grants receivable are stated as unpaid balances, less an allowance for doubtful accounts and a present value discount. Each balance is assessed based on management's knowledge of and relationship with the government agency or the donor and the age of the receivable balance. It is the Organization's policy to charge off uncollectible grants when management determines the receivable will not be collected. As of December 31, 2021, management determined that no allowance is necessary.

H. Pledges Receivable

Unconditional promises to give that are expected to be collected within one year are recorded as pledges receivable at net realizable value under current assets on the statement of financial position. Unconditional promises to give that are expected to be collected in periods greater than one year are recorded at the net present value of expected cash flows under other assets on the statement of financial position. The Organization provides an allowance for estimated uncollectible contributions.

Pledges receivable are stated as unpaid balances less an allowance for doubtful accounts and a present value discount. The Organization provides for losses on pledges receivable using the allowance method. The allowance is based on experience, third-party contacts, knowledge of the donors and the industry and other circumstances, which may affect the ability of donors to meet their obligations. It is the Organization's policy to charge off uncollectible pledges when management determines the receivable will not be collected. As of December 31, 2021, management determined that no allowance is necessary.

I. inventory

Inventory consists of donated food and supplies, as well as gently used clothing and home goods for both youth that come to the Drop-In Center and to be sold at HOPE's Closet. The Organization values food and supplies at \$2 per pound and donated clothing at \$4 per pound at the Drop-In Center. Donated items at HOPE's Closet are valued at \$5 per pound for clothing and \$2 per pound for home goods.

J. Property and Equipment

Property and equipment are recorded at cost or, in the case of contributed property, at fair value at the date of contribution. Expenditures for replacements, maintenance, and repairs that do not improve or extend the life of the respective assets are expensed as incurred. At the time assets are retired or otherwise disposed of, the cost and related accumulated depreciation are eliminated from the accounts and any resulting gain or loss is included in the statement of activities. The Organization generally capitalizes asset purchases over \$3,000.

Assets are depreciated using the straight-line method over the following useful lives:

Buildings and Improvements	5 - 39 years
Equipment and Furnishings	3 - 5 years

Depreciation expense was \$45,356 for the year ending December 31, 2021.

Note 1: Summary of Significant Accounting Policies (Continued)

K. Revenue Recognition

Contributions, pledges, and grants are recognized as support when the Organization is notified of the existence of a pledge or grant or receives a contribution. Contributions received are recorded as with or without donor restriction depending on the existence and nature of any restrictions. When the restriction expires, with donor restriction net assets are reclassified to without donor restriction net assets and reported in the statement of activities as net assets released from restriction.

L. Functional Expense Allocation

The Organization allocates its expenses on a functional basis among its various programs and support services. Salaries and related costs are allocated between program and supporting service categories based upon the estimated time expended by the employee on the expenditure classification. Non-salary costs are directly allocated according to the actual expense, and are reviewed annually by the Finance Committee.

M. Promotion and Advertising

Promotion and advertising costs are expensed as incurred and total \$18,261 for the year ending December 31, 2021.

N. Income Taxes

The Organization is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and Minnesota Statute 290.05. Accordingly, no provision for income taxes is included in these financial statements. Because the Organization is a public charity, contributions may qualify for tax deductions by the contributors.

O. Fair Value of Financial Instruments

Due to their short-term nature, the carrying values of the Organization's current financial assets and liabilities approximate their fair value. The fair value of the Organization's borrowings, if recalculated based on current interest rates, would not significantly differ from the recorded amount.

P. Subsequent Events

Subsequent events have been evaluated through April 18, 2022, the date of the financial statements were available for issuance.

Note 1: Summary of Significant Accounting Policies (Continued)

Q. New Accounting Pronouncements

In March 2016, the FASB issued ASU No. 2016-02, Leases, as a new topic, Accounting Standards Codification 842. The objective of ASU No. 2016-02 is to increase transparency and comparability among organizations by reorganizing lease assets and lease liabilities on the statement of financial position and disclosing key information about leasing arrangements. ASU No. 2016-02 is effective for annual reporting periods beginning after December 15, 2021, and shall be applied using either a full retrospective or modified retrospective approach. Early adoption is permitted. The new guidance is effective for the Organization for the fiscal year 2022. The Organization is currently evaluating the impact of the results of operations, financial condition and cash flows and has not determined the impact on its consolidated financial statements at this time.

In September 2020, the FASB issued ASU No. 2020-07 Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets, which is intended to improve the transparency in the reporting of contributed nonfinancial assets, also known as gifts-in-kind, for not-for-profit organizations. This ASU requires not-for-profit organizations to present contributed nonfinancial assets as a separate line item in the statement of activities, apart from contributions of cash or other financial assets. In addition to separate presentation on the statement of activities, this amendment requires enhanced disclosures around each category of contributed nonfinancial assets for donor-imposed restrictions, valuation techniques, description of programs or activities in which the assets were used, and if monetized a policy about monetizing rather than utilizing the asset(s). The amendments in this ASU should be applied on a retrospective basis and are effective for annual reporting periods beginning after June 15, 2021. Early adoption is permitted. The Organization is currently evaluating the impact this standard will have on its financial statements.

Note 2: Pledges Receivable

The balances of all promises to give at December 31, 2021 were:

Pledges receivable expected to be collected in:		
Less than one year	Ś	38,333
One to five years	¥	34,791
Total Pledges Receivable		73,124
Adjustment to present value at a discount rate of 2%		(654)
Net Pledges Receivable	\$	72,470

Note 3: Fair Value Measurements

Fair value measurement accounting literature establishes a fair value hierarchy based on the priority of the inputs to the valuation methodologies used to measure fair value. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). If the inputs used to measure the financial instruments fall within different levels of hierarchy, the categorization is based on the lowest level input that is significant to the fair value measurement of the instrument. Investments recorded in the Statement of Financial Position are categorized based on the inputs to valuation techniques as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets that the Organization has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021.

Money Market Fund: Valued at the daily closing price as reported by the fund. Mutual funds held by the Organization are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held are deemed to be actively traded.

Equities and Fixed Income Bonds: Valued at the daily closing price of the underlying stocks and bonds. The stocks and bond funds held by the Organization are deemed to be actively traded.

The Organization's investments reported at fair value in the accompanying statement of financial position consist of the following at December 31, 2021:

	Level 1	Le'	vel 2	Lev	el 3	 Total
Money Market Fund Equities Fixed Income	\$		- , -	\$	-	\$ 916 10,378 28,988
Total Investments	\$ 40,2	<u>32 \$</u>	_	\$		\$ 40,282

Investment income was \$1,123 for the year ended December 31, 2021.

Note 4: Mortgage Payable

The Organization has the following notes payable as of December 31, 2021. Interest expense incurred for the year ended December 31, 2021 was \$14,780.

Mortgage payable to a bank, due in monthly installments of \$2,327 with interest at 3.5% per annum with	
a balloon payment of \$199,700 due at the time of maturity. The note is secured by Hope's Place and	
matures in November 2025.	Ś

Mortgage payable to a bank, due in monthly installments of \$1,243 with interest at 3.00% per annum. The note is secured by the main office space and matures in August 2022.

The note is secured by the main office space and matures in August 2033.	146,664
Total long term debt	423.746
Less current portion	(29,177)
Total non-current mortgage payable	\$ 394,569

277,082

Annual maturities of the mortgages payable in the years following December 31, 2021 are as follows:

Year Ending December 31,	Amount
2022	\$ 29,177
2023	30,169
2024	31,172
2025	227,876
2026	12,020
Thereafter	93,332
Total	<u>\$ 423,746</u>

Note 5: Paycheck Protection Program

In February 2021, the Organization entered into a promissory note agreement with Bremer Bank in the amount of \$180,412 pursuant to the Paycheck Protection Program (PPP) created by the Coronavirus Aid, Relief, and Economic security Act (CARES Act) and governed by the Small Business Administration (SBA). The note accrues interest at 1 percent per annum and is scheduled to mature March 2022. Up to 100 percent of the loan is forgivable when used to pay specified payroll and other costs within the qualified period (generally 24 weeks after receiving the funds). During the year ended December 31, 2021, the note was 100 percent forgiven and included in revenue.

Note 6: Donor Restricted Net Assets

Net assets with donor restrictions at December 31, 2021 are as follows:

HOPE Place Mortgage	\$ 67,470
Housing Stability	26,519
Ratfield Scholarship	16,206
Total	\$ 110,195

Note 7: In-kind Donations

In-kind donations consist of donated materials and are measured at fair value at the date of donation. In-kind services represent services which meet the criteria specified in the accounting standards including, among other things, services requiring specialized skills and services that the Organization would typically purchase.

The Organization relies on contributions of both time and expertise from its pool of volunteers who donate thousands of hours of service, the total value of which cannot be easily calculated or estimated, yet these volunteers contribute significantly to the work, impact, and success of the Organization. These volunteer services have not been reflected in the accompanying financial statements because the volunteer services provided do not meet the criteria necessary for recognition under generally accepted accounting principles.

In-kind donations on the financial statements consist of donated goods that are recorded as revenue and measured at fair value at the date of donation. Donated goods are expensed to in-kind distributions on the Statement of Activities as of the date they are distributed to the recipient.

The components of in-kind donations consist of the following for the year ended December 31, 2021:

Food and Water	\$ 34,005
School Supplies and Misc.	28,230
Personal Items/Hygiene	24,696
Clothing	20,302
Gift Cards	5,475
Total	\$ 112,708

Note 8: Operating Leases

The Organization has entered into several operating leases. Effective January 1, 2016, the Organization entered into a non-cancelable lease for its Drop-In Center and administrative office space located in Anoka, Minnesota. The lease is on a month to month basis, with lease payments being re-visited and agreed upon at the end of each fiscal year. Base rent was \$4,429 per month in 2018 and will increase 3% for each subsequent renewal. Rent includes real estate taxes, utilities, and most repair and maintenance costs.

The Organization entered into a lease agreement on December 1, 2017 for its boutique store, HOPE's Closet, which matures on January 31, 2021. Rent payments commenced February 1, 2018. Base monthly rent payments are \$1,600 for the entire term of the lease. The Organization chose not to renew and moved out of this location in January 2021.

The Organization leases office equipment under non-cancelable operating leases. Applicable leases for the period ended December 31, 2021 include an office printer and copier, with the lease period expiring September 2022.

Future minimum lease payments under these leases are as follows:

Year Ending December 31,	Amount
2023	\$ 1,620

Note 9: Concentrations

The Organization maintains cash balances with banks insured by the National Credit Union Administration (NCUA). These deposits may, from time to time, exceed the balances insured by the NCUA.

At December 31, 2021, approximately 93% of pledges receivable was due from one organization.

Note 10: Liquidity and Availability of Financial Assets

The Organization's revenues are primarily derived from general contributions. Additional sources of revenue include grants from private or public entities, sponsorships, and special events.

The Organization's liquid financial assets available to meet cash needs for general expenditures within one year are summarized as follows:

Financial assets available for general expenditures within one year:	
Cash and cash equivalents	\$ 690,763
Cash and cash equivalents - board designated operating reserve	500,978
Accounts receivable	88,346
Pledges receivable	72,470
Investments	40,282
Total Financial Assets	1,392,839
Less those unavailable for general expenditure within one year, due to:	
HOPE Place Mortgage	(67,470)
Housing Stability	(26,519)
Ratfield Scholarship	(16,206)
Board Designated, Operating Reserve	(500,978)
Total financial assets unavailable	(611,173)
Financial assets available to meet cash needs for general expenditures	
within one year	\$ 781,666

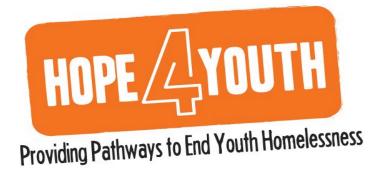
The Organization maintains a board designated operating reserve that was established to maintain an adequate level of unrestricted cash to support any unforeseen cash shortfalls of day-to-day operations and to meet the needs of expanding programs, with a target level of 3-6 months annual operating expenses in the fund. Operating and reserve funds are invested at several banks in business checking, savings, and money market accounts. The Organization has annual funding to cover its mortgage payment for HOPE Place (transitional living program) and has a mortgage payment obligation for the main office located in Coon Rapids. The Organization has no other long-term obligations.

Note 11: HOPE's Closet

The lease for HOPE's closet expired in January 2021. The Organization did not renew it as they do not intend to continue this program. The remaining inventory will be sold through various pop-up sales.

Note 12: COVID-19

In December 2019, a novel strain of coronavirus (COVID-19) surfaced. The spread of COVID-19 around the world during 2020 and 2021 has caused significant volatility in U.S. and international markets. There is significant uncertainty around the breadth and duration of business disruptions related to COVID-19, as well as its impact on the U.S. and international economies and, as such, the Organization is unable to determine the impact to its future operations.



Fiscal Year 2022 Financial Statements

as of April 30, 2022

Balance Sheet as of April 30, 2022

	Comments		
Assets			
Cash and Cash Equivalents	646,807.16		
Board Designated Operating Reserve	516,304.31		
Receivables	83,302.18	Heartland Tires, GRH, OEO	
Prepaid Expenses	28,315.35		
Inventory	47,999.60		
Investments	36,721.68	Principal Investment	
Property and Equipment, net	1,602,787.75		
Total Assets	2,962,238.03		
Liabilities			
Accounts Payable & Other Accrued Liabilities	45,372.59	Payroll liabilities	
Mortgage Payable (VB)-Hope Place	271,862.45		
Mortgage Payable (Finl One)-Admin Office	143,137.45		
Total Liabilities	460,372.49		
Net Assets			
Unrestricted-Undesignated	1,491,952.09		
Unrestricted-Board Designated Operating Reserve	516,304.31		
Temporarily Restricted	586,816.63	Heartland, Ratfield, HSF, Christ Lutheran	
Current Year Net Surplus(Deficit)	(93,207.49)		
Total Net Assets	2,501,865.54		
Total Liabilities & Net Assets	2,962,238.03		

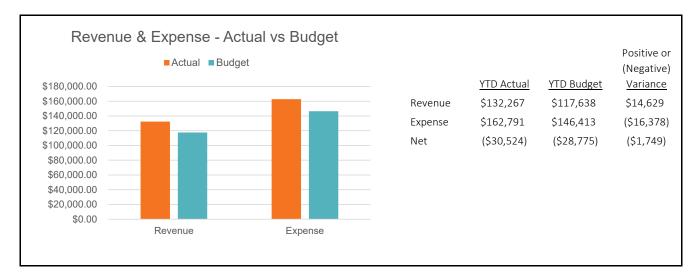
Income Statement				
as of April 30, 2022			Actual	
			to Budget	
	Actual	Budget	Variance	Act to Bud Variance Comments
Ordinary Income/Expense				
Income				
DONATIONS, GIFTS, & GRANTS	53,305.32	45,500.00	7,805.32	
SPECIAL EVENTS	58,729.61	52,000.00	6,729.61	Still working on expense and revenue receipt
OTHER SUPPORT	6,712.00	8,000.00	(1,288.00)	In Kind donations are down
PROGRAM SERVICE FEES	14,009.70	10,930.00	3,079.70	
HOPE'S CLOSET SALES.	0.00	0.00	0.00	
INVSTMT INC & OTHR GAIN(LOSS)	(489.48)	1,208.34	(1,697.82)	Struggling market
Total Income	132,267.15	117,638.34	14,628.81	
Expense				
PAYROLL, TAXES, & BENEFITS	97,196.79	79,954.00	17,242.79	Three paycheck month-roughly \$31,000 impact
CONTRACTED SRV & PROF FEES	27,953.40	17,399.00	10,554.40	Full audit expense and increase posted in April
INSURANCE.	2,753.35	2,999.00	(245.65)	
BULDING & FACILITIES EXPENSE	10,655.23	10,463.00	192.23	
SUPPLIES & MINOR EQUIPMT	220.65	1,792.00	(1,571.35)	
POSTAGE, MAILING, & DELIVERY	234.00	1,250.34	(1,016.34)	
STAFF, BOARD, & VOLUTEER EXP	198.72	1,726.00	(1,527.28)	
PROGRAM EXPENSES	14,043.74	22,632.00	(8,588.26)	Reduced allocation with omission of Pohlad gift
PRINTING & PROMOTION EXPENSE	1,103.46	675.00	428.46	
TRAVEL & TRANSPORTATION	345.68	333.00	12.68	
LICENSES-MEMBRSHPS-DUES-FEES	4,313.79	3,029.00	1,284.79	WePay fees were high due to the volume of transactions
DEPRECIATION EXPENSE.	3,772.44	4,161.00	(388.56)	for AN4H
Total Expense	162,791.25	146,413.34	16,377.91	
Net Ordinary Income	(30,524.10)	(28,775.00)	(1,749.10)	
Net Income	(30,524.10)	(28,775.00)	(1,749.10)	

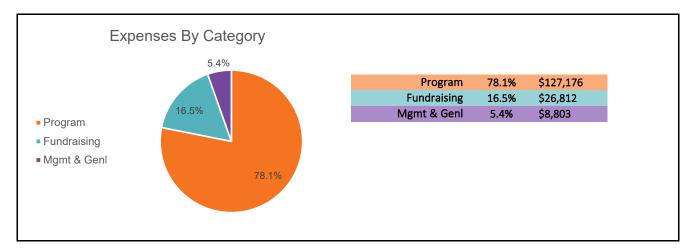
Statement of Revenue and Expense

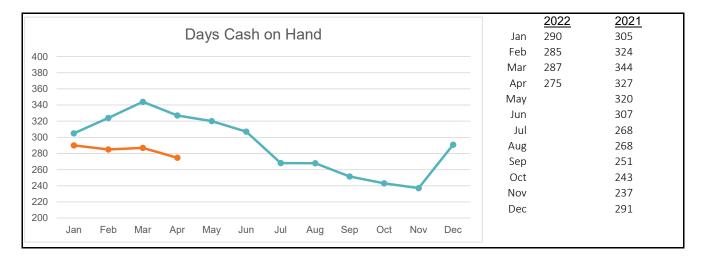
Fiscal Year 2022 - through April 30, 2022

			Over(Under)	Full Year
	YTD Actual	YTD Budget	YTD Budget	Budget
Revenue				
Donations, Gifts, and Grants	\$259,793.36	\$274,600.00	(\$14,806.64)	1,245,000
Special Events, net	93,835.01	102,000.00	(8,164.99)	240,000
Inkind Contributions	26,410.68	28,333.00	(1,922.32)	100,000
Program Service Revenue	44,492.90	43,720.00	772.90	131,160
Store Sales	0.00	0.00	0.00	10,000
Investment & Other Income	1,629.08	4,833.33	(3,204.25)	14,500
	\$426,161.03	\$453,486.33	(\$27,325.30)	\$1,740,660
<u>Expense</u>				
Payroll, Taxes, and Benefits	294,656.47	319,816.00	(25,159.53)	959,446
Contracted Srvs & Professional Fees	73,963.53	65,650.00	8,313.53	196,206
Insurance	13,345.03	11,992.00	1,353.03	35,984
Building and Facilities Expense	43,501.93	42,139.00	1,362.93	129,364
Supplies and Equipment	620.80	7,168.00	(6,547.20)	21,500
Postage, Mailing & Delivery	274.51	5,467.36	(5,192.85)	20,000
Staff, Board, & Volunteer Expense	1,278.95	4,454.00	(3,175.05)	19,360
Program Expenses	61,887.33	77,818.00	(15,930.67)	255,310
Printing and Promotion Expenses	3,938.71	3,650.00	288.71	16,000
Travel and Transportation	489.00	976.00	(487.00)	3,400
Licenses, Membrshps, Dues, & Fees	14,094.94	12,733.00	1,361.94	40,819
Depreciation Expense	11,317.32	16,644.00	(5,326.68)	49,936
	\$519,368.52	\$568,507.36	(\$49,138.84)	\$1,744,325
Net Surplus(Deficit)	(\$93,207.49)	(\$115,021.03)	\$21,813.54	(\$3,665)

HOPE 4 Youth Financial Dashboard YTD through April 30, 2022







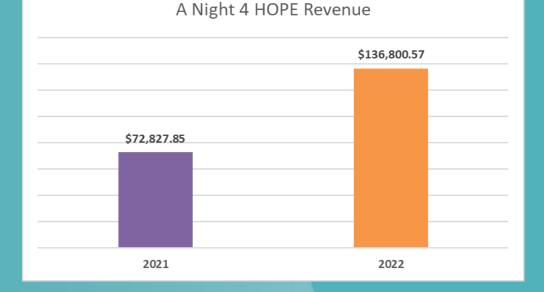
HOPE LANGE AND THE STATE OF THE	Advancement Scorecard April 2022	VOLUN 656 Total Ho Up 29 hours April 202	68 hours Hope's Closet 189 hours One-time projects/other 177 hours Donation Center 6 hours HOPE Place
DONORS 77 O New donors gave \$38,494.69 Up 27 and up \$19,879.46 from April 2021 Own 5 from April 20	S \$6,711.00 Foundations		VOLUNTEERS90%15Active Volunteers15% of volunteers who were active 6 months ago and are still activeNew Volunteers Up 2 from April 2021
social media statistics 52,765 bg2,765 fg2,765 fg2,765 bg2,765 fg2,765	BALING WEBSITE STA Solitowers Up 491 from April 2021	ons can include many rom April 2021 rS (new stat) visitors	EMAIL STATISTICS 8,252 Accepted Subscribers Up 47 from April 2021 31.91% Open Rate Up 9.63% from April 2021

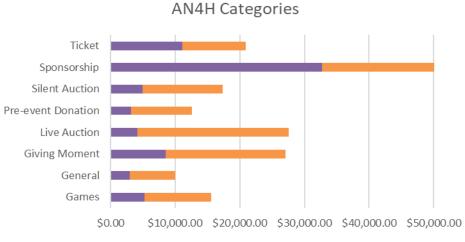
HOPE YOUTH Providing Pathways to End Youth Homelessness

A Night 4 HOPE

- 8 Sponsors in 2021
 - 17 Sponsors in 2022

88% Revenue Increase over 2021





Series1 Series2

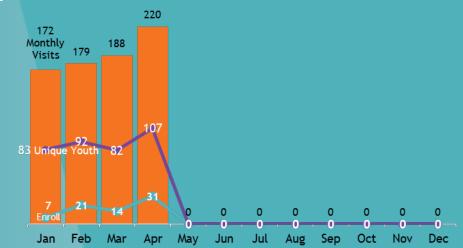
	2021	2022 Inc	rease
Total	\$72,827.85	\$136,800.57	88%
Games	\$5,280.00	\$10,327.32	96%
General	\$2,983.86	\$6,988.19	134%
Giving Moment	\$8,472.43	\$18,607.14	120%
Live Auction	\$4,150.00	\$23,400.00	464%
Pre-event Donations	\$3,145.00	\$9,475.00	201%
Silent Auction	\$4,925.00	\$12,389.50	152%
Sponsorships	\$32,768.80	\$45,803.32	40%
Tickets	\$11,102.76	\$9,810.10	-12%

HOPE LOGITH HOPE LOGITH Providing Pathways to End Youth Homelessness	Program Snapshot April 2022	22 Drop-Ir Vis	Youth Drop-In Center Youth Statistics2210731107031107001070010700109<
DIC Community ReferralsEmployment0Emergency Shelter0Housing Referral0Mental Health Referral1Other0Social Service Provider2	Case Management Services – All Programs 76 Youth Received 93 Hours of Case Management Services DIC: 58 (55%) - youth received CM DIC: 97 (91%) - youth received basic needs supports		Drop-In Parenting Youth Youth w/Children present = 11 YTD Youth w/Children = 33 (17%) Baby Products Provided = 32
 HOPE Place Youth Statistics - 11 youth served 1 Completed program and moved to market rate 0 new residents entered 6 residents continue to work on a career path (production, auto mechanics, retail, restaurant industry, education, nursing) 8 residents are working 2 working and taking post high school education classes 4 working toward starting post high school education classes (construction, IT, nursing) 2 working on getting their driver's license 		Center On- 7 Crisis Calls	-Site Resources

Career Force Sessions at HP: March = 7 residents engaged in 13 1:1 contacts April = 7 residents engaged in 15 1:1 contacts



April 2022 DIC Data



Case Management Servicies DIC			
Row Lab	Count of Service	Count of Client	
2022 - 01	178	71	
2022 - 02	154	70	
2022 - 03	166	70	
2022 - 04	119	58	
Grand Total	617	142	

Drop In Center - Under 18	
Row Labels	Unique Youth
2022 - 01	2
2022 - 02	4
2022 - 03	5
2022 - 04	7
Grand Total	11

How Referred - Previous Month	
Row Labels	🔨 Unique Youth
🗄 Another Client	1
H Outreach	1
H Government	1
H Other	3
🗉 Unknown	4
H Internet	8
H Other Agency	11
🗉 School/Community O	rg 16
Eriend/Family	62
Grand Total	107

Drop In Center - Children Present		
Row Labels	🗾 Unique Youth	
2022 - 01	15	
2022 - 02	10	
2022 - 03	11	
2022 - 04	11	
Grand Total	33	