



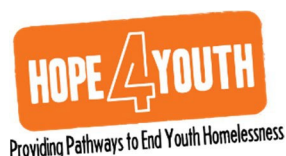
BOARD OF DIRECTORS MEETING

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 |
|---|--------|
| <ul style="list-style-type: none">• Call to Order (Steve Nash)<ul style="list-style-type: none">• Welcome Linda Barnum• Share Name, organization, H4Y tenure, and fun fact | 5:00pm |
| <ul style="list-style-type: none">• Mission Moment (JJ Slag – AN4H) | 5:15pm |
| <ul style="list-style-type: none">• Approve Agenda and Minutes (Steve Nash) | 5:20pm |
| <ul style="list-style-type: none">• Board Executive Committee update (Steve Nash)<ul style="list-style-type: none">• Presentation of Audit and 990• Secretary opportunity• Rules of Engagement discussion | 5:23pm |
| <ul style="list-style-type: none">• Executive Director Update (LaChelle Williams)<ul style="list-style-type: none">• Operational Update | 5:40pm |
| <ul style="list-style-type: none">• Strategic Steering Committee update (LaChelle/Paul Lenzmeier)<ul style="list-style-type: none">• Risk Management vision and plan | 5:55pm |
| <ul style="list-style-type: none">• April Financial Report (LaChelle/Tanya Bacigalupo/Don Phillips) | 6:05pm |
| <ul style="list-style-type: none">• Advancement Update (Julie Orlando – JJ Slag) | 6:15pm |
| <ul style="list-style-type: none">• Program Update (Mark McNamer – Anna VonRueden) | 6:25pm |
| <ul style="list-style-type: none">• Open Business (Steven Nash) | 6:35pm |
| <ul style="list-style-type: none">• 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 Core 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

Form **990**Department of the Treasury
Internal Revenue Service**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.

OMB No. 1545-0047

2021Open to Public
Inspection**A For the 2021 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

HOPE 4 Youth

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

2191 Northdale Blvd NW

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Coon Rapids, MN 55433

F Name and address of principal officer: **LaChelle Williams**
same as C above**D** Employer identification number

46-1626500

E Telephone number

763-323-2066

G Gross receipts \$ 1,552,260.**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ HOPE4YOUTHMN.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 2012 **M** State of legal domicile: MN**Part I Summary**

| | | |
|------------------------------------|--|--|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: Providing pathways to end youth homelessness. 2021 was a full year after a year-end change in 2020. |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) 12 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) 12 |
| | 5 | Total number of individuals employed in calendar year 2021 (Part V, line 2a) 24 |
| | 6 | Total number of volunteers (estimate if necessary) 149 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 0. |
| 7b | Net unrelated business taxable income from Form 990-T, Part I, line 11 0. | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) 652,953. |
| | 9 | Program service revenue (Part VIII, line 2g) 48,245. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,103. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 704,301. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 274,269. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) 0. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) 200,025. |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 236,923. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 511,192. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 193,109. | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) 3,330,177. |
| | 21 | Total liabilities (Part X, line 26) 537,530. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 2,792,647. |

Part II Signature Block

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

| | | | | | |
|-------------------------------|---|---|-------------------------|---|--------------------------|
| Sign Here | Signature of officer | Date | | | |
| | Don Phillips, Treasurer Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name Steven D. Anseth, CPA | Preparer's signature Steven D. Anseth, CP | Date 05/13/22 | Check if self-employed <input type="checkbox"/> | PTIN P00552219 |
| | Firm's name ▶ Abdo LLP | Firm's EIN ▶ 41-1397419 | | | |
| | Firm's address ▶ 5201 Eden Ave Ste 250 Edina, MN 55436 | Phone no. 952.835.9090 | | | |

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck 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 homelessness.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 1,286,162. including grants of \$ 0.) (Revenue \$ 140,659.)

HOPE 4 Youth works to provide pathways to end youth homelessness in the north metro by providing Housing, Outreach, Prevention, and Education/Employment to youth at risk or experiencing homelessness.

Since 2013, HOPE 4 Youth has operated a Drop-In Center in Anoka for youth experiencing homelessness. At the Drop-In Center, youth have access to basic need resources including hot meals, laundry and shower facilities, clothing, personal care/hygiene items, food, lockers, computers/internet access etc. Additionally, they are connected to a case manager who works individually with them to identify and connect them to other community resources while at the same time providing encouragement, advocacy, and support. Through the Drop-In Center youth

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

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

4e Total program service expenses **1,286,162.**

Part IV Checklist of Required Schedules

| | Yes | No |
|---|--------------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | 1 X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions | 2 X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | 3 | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 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 similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> | 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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> | 7 | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 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? <i>If "Yes," complete Schedule D, Part IV</i> | 9 | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | 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. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | 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 assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | 11b | X |
| c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | 11c | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | 11d | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 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)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | 12a X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | 12b | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 14b | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 15 | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 16 | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i> | 17 | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 18 X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | 19 | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | 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 | | 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 | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | X |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | | X |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | | X |
| b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | 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 | | 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 | | 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 | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | |
| 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 | | 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 | | X |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | X | |

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

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

| | | Yes | No |
|--|--------------|-----|----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 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. | | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b If "Yes," enter the name of the foreign country ▶ | | | |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| c 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). | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | X |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| 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 sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a 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: | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | |
| 11 Section 501(c)(12) organizations. Enter: | | | |
| a Gross income from members or shareholders | 11a | | |
| b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a 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. | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | |
| c Enter the amount of reserves on hand | 13c | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 15 | | X |
| If "Yes," see the instructions and file Form 4720, Schedule N. | | | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| 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 activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| If "Yes," complete Form 6069. | | | |

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

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

☒**Section A. Governing Body and Management**

| | 1a | 1b | 2 | 3 | 4 | 5 | 6 | 7a | 7b | 8a | 8b | 9 | Yes | No |
|--|----|----|---|---|---|---|---|----|----|----|----|---|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 12 | | | | | | | | | | | | | |
| 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 | | 12 | | | | | | | | | | | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | | 2 | | | | | | | | | | | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | | | 3 | | | | | | | | | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | | | 4 | | | | | | | | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | | 5 | | | | | | | | X |
| 6 Did the organization have members or stockholders? | | | | | | | 6 | | | | | | | X |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | | | | | | | 7a | | | | | | X |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | | | | | | | | 7b | | | | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | | | | | | | | |
| a 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 |

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

| | 10a | 10b | 11a | 11b | 12a | 12b | 12c | 13 | 14 | 15a | 15b | 16a | 16b | Yes | No |
|---|-----|-----|-----|-----|-----|-----|-----|----|----|-----|-----|-----|-----|-----|----|
| 10a Did the organization have local chapters, branches, or affiliates? | 10a | | | | | | | | | | | | | | X |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | 10b | | | | | | | | | | | | | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | | 11a | X | | | | | | | | | | | |
| 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 | | | | | 12a | X | | | | | | | | | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | | | | | 12b | X | | | | | | | | |
| c 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? | | | | | | | | 13 | X | | | | | | |
| 14 Did the organization have a written document retention and destruction policy? | | | | | | | | | 14 | X | | | | | |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | | | | | | | | |
| a The organization's CEO, Executive Director, or top management official | | | | | | | | | | 15a | X | | | | |
| b Other officers or key employees of the organization | | | | | | | | | | | 15b | | X | | |
| 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 exempt status with respect to such arrangements? | | | | | | | | | | | | | 16b | | |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **MN**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **The Organization - 763-323-2066**
2191 Northdale Blvd NW, Coon Rapids, MN 55433

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) Linda Bryant Executive Director | 40.00 | | | X | | | | 53,100. | 0. | 2,930. |
| (2) LaChelle Williams Executive Director | 40.00 | | | X | | | | 32,308. | 0. | 0. |
| (3) Stephen Spears Chair | 0.75 | X | | X | | | | 0. | 0. | 0. |
| (4) Stephen Nash Vice Chair | 0.75 | X | | X | | | | 0. | 0. | 0. |
| (5) Marina Bressler Secretary | 0.75 | X | | X | | | | 0. | 0. | 0. |
| (6) Mark Nolen Board Member | 0.75 | X | | X | | | | 0. | 0. | 0. |
| (7) Sean Haag Board Member | 0.50 | X | | | | | | 0. | 0. | 0. |
| (8) Paul Lenzmeier Board Member | 0.50 | X | | | | | | 0. | 0. | 0. |
| (9) Leanne Matchen Board Member | 0.50 | X | | | | | | 0. | 0. | 0. |
| (10) Don Phillips Treasurer | 0.50 | X | | | | | | 0. | 0. | 0. |
| (11) Jennifer Stone Board Member | 0.50 | X | | | | | | 0. | 0. | 0. |
| (12) Anna VonRueden Board Member | 0.50 | X | | | | | | 0. | 0. | 0. |
| (13) Chris Warner Board Member | 0.50 | X | | | | | | 0. | 0. | 0. |
| (14) Sue Woodard Board Member | 0.50 | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 85,408. | 0. | 2,930. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 85,408. | 0. | 2,930. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

| | | | | (A) | (B) | (C) | (D) |
|---|---|---|--|----------------------|------------------------------------|----------------------------|--|
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | 165,225. | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | 270,412. | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 918,627. | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ 112,707. | | | |
| | h | Total. Add lines 1a-1f | | 1,354,264. | | | |
| | Program Service Revenue | 2 a | HOPE Place Fees | Business Code 532000 | 136,894. | 136,894. | |
| b | | HOPE's Closet Sales | 900099 | 3,765. | 3,765. | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| f | | All other program service revenue | | | | | |
| g | | Total. Add lines 2a-2f | | 140,659. | | | |
| Other Revenue | | 3 | Investment income (including dividends, interest, and other similar amounts) | | 12,255. | | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | 6 a | Gross rents | (i) Real (ii) Personal | | | | |
| | b | Less: rental expenses | | | | | |
| | c | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities (ii) Other | | | | |
| | b | Less: cost or other basis and sales expenses | | | | | |
| | c | Gain or (loss) | | | | | |
| | d | Net gain or (loss) | | | | | |
| | 8 a | Gross income from fundraising events (not including \$ 165,225. of contributions reported on line 1c). See Part IV, line 18 | | 45,082. | | | |
| | b | Less: direct expenses | | 59,897. | | | |
| | c | Net income or (loss) from fundraising events | | -14,815. | | | -14,815. |
| | 9 a | Gross income from gaming activities. See Part IV, line 19 | | | | | |
| b | Less: direct expenses | | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | | | | | | |
| b | Less: cost of goods sold | | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | 11 a | | Business Code | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | | | | | |
| | 12 | Total revenue. See instructions | | 1,492,363. | 140,659. | 0. | -2,560. |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 88,338. | 63,713. | 11,223. | 13,402. |
| 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 | 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. |
| 10 Payroll taxes | 65,338. | 47,124. | 8,301. | 9,913. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 9,436. | 5,932. | 2,470. | 1,034. |
| c Accounting | 108,075. | 67,939. | 28,289. | 11,847. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 153,244. | 96,333. | 40,113. | 16,798. |
| 12 Advertising and promotion | 26,075. | 7,792. | 23. | 18,260. |
| 13 Office expenses | 3,136. | 135. | 233. | 2,768. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 113,824. | 107,364. | 2,151. | 4,309. |
| 17 Travel | 1,193. | 916. | 12. | 265. |
| 18 Payments of travel or entertainment expenses 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 O.) | | | | |
| a Program Expenses | 271,119. | 266,564. | 4,555. | 0. |
| b Licenses and Fees | 44,293. | 26,968. | 4,241. | 13,084. |
| c Miscellaneous | 17,942. | 17,942. | | |
| d Staff and Volunteer Exp | 11,275. | 6,374. | 3,418. | 1,483. |
| e 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)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 465,525. | 1 | 362,710. |
| | 2 Savings and temporary cash investments | 828,133. | 2 | 829,031. |
| | 3 Pledges and grants receivable, net | 173,139. | 3 | 72,470. |
| | 4 Accounts receivable, net | 83,323. | 4 | 88,346. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 70,508. | 8 | 48,000. |
| | 9 Prepaid expenses and deferred charges | 10,504. | 9 | 11,659. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,833,607. | | |
| | b Less: accumulated depreciation | 10b 219,502. | | |
| | | 1,659,461. | 10c | 1,614,105. |
| | 11 Investments - publicly traded securities | 39,584. | 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) | 3,330,177. | 16 | 3,066,603. | |
| Liabilities | 17 Accounts payable and accrued expenses | 88,279. | 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 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 449,251. | 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. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 2,497,336. | 27 | 2,489,878. |
| | 28 Net assets with donor restrictions | 295,311. | 28 | 110,195. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 2,792,647. | 32 | 2,600,073. |
| | 33 Total liabilities and net assets/fund balances | 3,330,177. | 33 | 3,066,603. |

Form 990 (2021)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

| | | | |
|-----------|--|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,492,363. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,685,767. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -193,404. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 2,792,647. |
| 5 | Net unrealized gains (losses) on investments | 5 | 830. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 2,600,073. |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

| | Yes | No |
|---|----------|----------|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | X | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____ | | X |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____ | | |

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

HOPE 4 Youth

Employer identification number

46-1626500

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

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

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

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 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 organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 580,897. | 1540782. | 1135501. | 652,953. | 1354265. | 5264398. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 216,399. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 5047999. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | 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. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 654,268. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) | 14 | 87.90 % |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14 | 15 | 85.59 % |
| 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2020 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2020 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described 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 | | |
| c 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 | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 | | |

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 1 | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? 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 Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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. | | | |
| 2a | | | |
| 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. | | | |
| 2b | | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI . | | | |
| 3a | | | |
| 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. | | | |
| 3b | | | |

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

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

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

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

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

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

| Section D - Distributions | | Current Year |
|--|-----------|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | 1 | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 | |
| 4 Amounts paid to acquire exempt-use assets | 4 | |
| 5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 | |
| 6 Other distributions (<i>describe in Part VI</i>). See instructions. | 6 | |
| 7 Total annual distributions. Add lines 1 through 6. | 7 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 | |
| 9 Distributable amount for 2021 from Section C, line 6 | 9 | |
| 10 Line 8 amount divided by line 9 amount | 10 | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2021 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2021 | | | |
| a From 2016 | | | |
| b From 2017 | | | |
| c From 2018 | | | |
| d From 2019 | | | |
| e 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: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2021 distributable amount | | | |
| c 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, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2022. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2017 | | | |
| b Excess from 2018 | | | |
| c Excess from 2019 | | | |
| d Excess from 2020 | | | |
| e Excess from 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, 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.)

2021

*** Not Open to Public Inspection ***

123171 04-01-21

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**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

Name of the organization

HOPE 4 Youth

Employer identification number

46-1626500

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

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

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

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

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

| | |
|----------------------|--------------------------------|
| Name of organization | Employer identification number |
| HOPE 4 Youth | 46-1626500 |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | Heartland Tire Foundation 1954 SE 13th St Brainerd, MN 56401 | \$ 96,333. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | Eagle Brook Church 7015 20th Ave Centerville, MN 55038 | \$ 80,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | Anoka Hennepin Schools-District Office 2727 N Ferry St Anoka, MN 55303 | \$ 45,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Employer identification number

46-1626500

Part II

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

| | |
|----------------------|--------------------------------|
| Name of organization | Employer identification number |
| HOPE 4 Youth | 46-1626500 |

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

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

HOPE 4 Youth

Employer identification number

46-1626500

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

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

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

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

| | |
|---|---|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

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

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

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

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

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

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

| | Amount |
|-----------|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

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

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

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

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

a Board designated or quasi-endowment %

b Permanent endowment %

c Term endowment %

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

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

(i) Unrelated organizations

(ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 369,000. | | 369,000. |
| b Buildings | | 1,412,276. | 181,418. | 1,230,858. |
| c Leasehold improvements | | 10,460. | 7,260. | 3,200. |
| d Equipment | | 16,574. | 15,465. | 1,109. |
| e Other | | 25,297. | 15,359. | 9,938. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 1,614,105. |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

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

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

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

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

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

| | | | |
|----------|--|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 1,493,193. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 830. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | 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: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | 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 | 1,492,363. |

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

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

| | | | |
|--|-----------|----------|-------------------|
| 1 Total expenses and losses per audited financial statements | | 1 | 1,685,767. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a Donated services and use of facilities | 2a | | |
| b Prior year adjustments | 2b | | |
| c Other losses | 2c | | |
| d Other (Describe in Part XIII.) | 2d | | |
| e Add lines 2a through 2d | 2e | | 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: | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b Other (Describe in Part XIII.) | 4b | | |
| c Add lines 4a and 4b | 4c | | 0. |
| 5 Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 1,685,767. |

Part XIII Supplemental Information.

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

[illegible]

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

HOPE 4 Youth

Employer identification number

46-1626500

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
- b** ☐ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]

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.

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|---|----------------------|--------------------|---------------------|--|
| | | Gala (event type) | 4K (event type) | 2 (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. |
| Direct Expenses | 4 Cash prizes | 1,000. | 0. | 0. | 1,000. |
| | 5 Noncash prizes | 23,320. | 6,633. | 0. | 29,953. |
| | 6 Rent/facility costs | 1,500. | 0. | 12,600. | 14,100. |
| | 7 Food and beverages | 3,992. | 26. | 169. | 4,187. |
| | 8 Entertainment | 4,700. | 0. | | 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 line 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.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|--|---|---|---|---|
| | | | | | |
| Revenue | 1 Gross revenue | | | | |
| | | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 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 to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

[illegible]

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public
Inspection

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

Name of the organization

HOPE 4 Youth

Employer identification number

46-1626500

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|-------------------------------|---|--|--|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | X | | 47,175. | Value Per Pound |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | | | | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other ... | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | X | 17,976 | 36,548. | Value Per Pound |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (School Suppli) | X | 3,573 | 20,300. | Value Per Pound |
| 26 Other ▶ (Gift Cards) | X | 101 | 6,680. | Face Value |
| 27 Other ▶ (Paper Product) | X | 12 | 2,004. | Face Value |
| 28 Other ▶ () | | | | |

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

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

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | | X |
| 32a | | X |
| 33 | | |

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

Schedule M (Form 990) 2021

Supplemental Information.

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)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

HOPE 4 Youth

Employer identification number

46-1626500

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:

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

Schedule O (Form 990) 2021

Name of the organization

HOPE 4 Youth

Employer identification number

46-1626500

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 reflecting operations from October 1st, 2019 - September 30th, 2020. This was due to a fiscal year change in 2020.

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

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

2021Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

HOPE 4 Youth

EIN or SSN

46-1626500

Name and title of officer or person subject to tax

**Don Phillips
Treasurer****Part I Type of Return and Return Information**

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

| | | | |
|---------------------------------------|---------------------------------------|---|-----------------------------|
| 1a Form 990 check here | ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b 1,492,363. |
| 2a Form 990-EZ check here ... | ▶ <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here ▶ | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here ... | ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b _____ |
| 5a Form 8868 check here | ▶ <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b _____ |
| 6a Form 990-T check here | ▶ <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b _____ |
| 7a Form 4720 check here | ▶ <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b _____ |
| 8a Form 5227 check here | ▶ <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b _____ |
| 9a Form 5330 check here | ▶ <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b _____ |
| 10a Form 8038-CP check here ▶ | <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b _____ |

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

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

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

PIN: check one box only

☒ I authorize **Abdo LLP** to enter my PIN **43581**
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

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

41321600062

Do not enter all zeros

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

ERO's signature ▶ _____ Date ▶ **05/13/22**

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

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

Form **8879-TE** (2021)

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

OMB No. 1545-0047

► **File a separate application for each return.**
► **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 print | Name of exempt organization or other filer, see instructions. HOPE 4 Youth | Taxpayer identification number (TIN) 46-1626500 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 2191 Northdale Blvd NW | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. Coon Rapids, MN 55433 | |

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

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

The Organization

- The books are in the care of ► **2191 Northdale Blvd NW - Coon Rapids, MN 55433**

Telephone No. ► **763-323-2066**

Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐ _____
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **November 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► ☒ calendar year **2021** or
 ► ☐ tax year beginning _____, and ending _____.

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

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

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

STATE OF MINNESOTA
CHARITABLE ORGANIZATION
ANNUAL REPORT FORM

C2**Website Address:**

www.ag.state.mn.us/charity

(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 ☒ No

| | |
|--|---|
| Mailing Address: <u>LaChelle Williams</u> Contact Person <u>2191 Northdale Blvd NW</u> Street Address <u>Coon Rapids, MN 55433</u> City, State, and ZIP Code <u>763-323-2066</u> Phone Number <u>lwilliams@hope4youthmn.org</u> Email Address | Physical Address: <u>LaChelle Williams</u> Contact Person <u>2191 Northdale Blvd NW</u> Street Address <u>Coon Rapids, MN 55433</u> City, State, and ZIP Code <u>763-323-2066</u> Phone Number <u>lwilliams@hope4youthmn.org</u> Email Address |
|--|---|

1. Organization's website: HOPE4YOUTHMN.ORG

2. List all of the organization's alternate and former names (attach list if more space is needed).

☐ Alternate ☐ Former
☐ Alternate ☐ Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).

Hope 4 Youth

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A? ☒ 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 changed?

☐ Yes ☒ No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?

☐ Yes ☒ No If yes, attach explanation.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

8. Has the organization been denied the right to solicit contributions by any court or government agency?

☐ Yes ☒ No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? ☐ Yes ☒ No

If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser

Compensation

Street Address

City, State, and ZIP Code

10. Is the organization a food shelf? ☐ Yes ☒ No

If yes, is the organization required to file an audit? ☐ Yes, audit attached ☐ No

Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? ☐ Yes ☒ No

If yes, provide the following information for the five highest paid individuals:

| 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.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

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 |

EXPENSES

| | | |
|----------------------------------|-----------------|-----------|
| 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) | | |

ASSETS

| | | |
|---------------------------------|-----------------|-----------|
| 11. Cash | \$ _____ | 11 |
| 12. Land, Buildings & Equipment | \$ _____ | 12 |
| 13. Other Assets | \$ _____ | 13 |
| 14. TOTAL ASSETS | \$ _____ | 14 |

LIABILITIES

| | | |
|------------------------------|-----------------|-----------|
| 15. Accounts Payable | \$ _____ | 15 |
| 16. Grants Payable | \$ _____ | 16 |
| 17. Other Liabilities | \$ _____ | 17 |
| 18. TOTAL LIABILITIES | \$ _____ | 18 |

FUND BALANCE/NET WORTH

\$ _____
(Line 14 minus Line 18)

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.

| | (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 | | | | |
| 10. Payroll taxes | | | | |
| 11. Fees for services (non-employees): | | | | |
| a. Management | | | | |
| b. Legal | | | | |
| c. Accounting | | | | |
| d. Lobbying | | | | |
| e. Professional fundraising services | | | | |
| f. Investment management fees | | | | |
| g. Other | | | | |
| 12. Advertising and promotion | | | | |
| 13. Office expenses | | | | |
| 14. Information technology | | | | |
| 15. Royalties | | | | |
| 16. Occupancy | | | | |
| 17. Travel | | | | |
| 18. Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19. Conferences, conventions, and meetings | | | | |
| 20. Interest | | | | |
| 21. Payments to affiliates | | | | |
| 22. Depreciation, depletion, and amortization | | | | |
| 23. Insurance | | | | |
| 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 <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation | | | | |

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the

Executive Director _____ (Title) and **Treasurer** _____ (Title) respectively, and

that we execute this document on behalf of the organization pursuant to the resolution of the

Board of Directors _____ (Board of Directors, Trustees, or Managing Group) adopted on the _____

day of _____, 20____, approving the contents of the document, 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 supervised, 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 _____

Name (Print)

Signature

Executive Director _____

Title

Date

Don Phillips _____

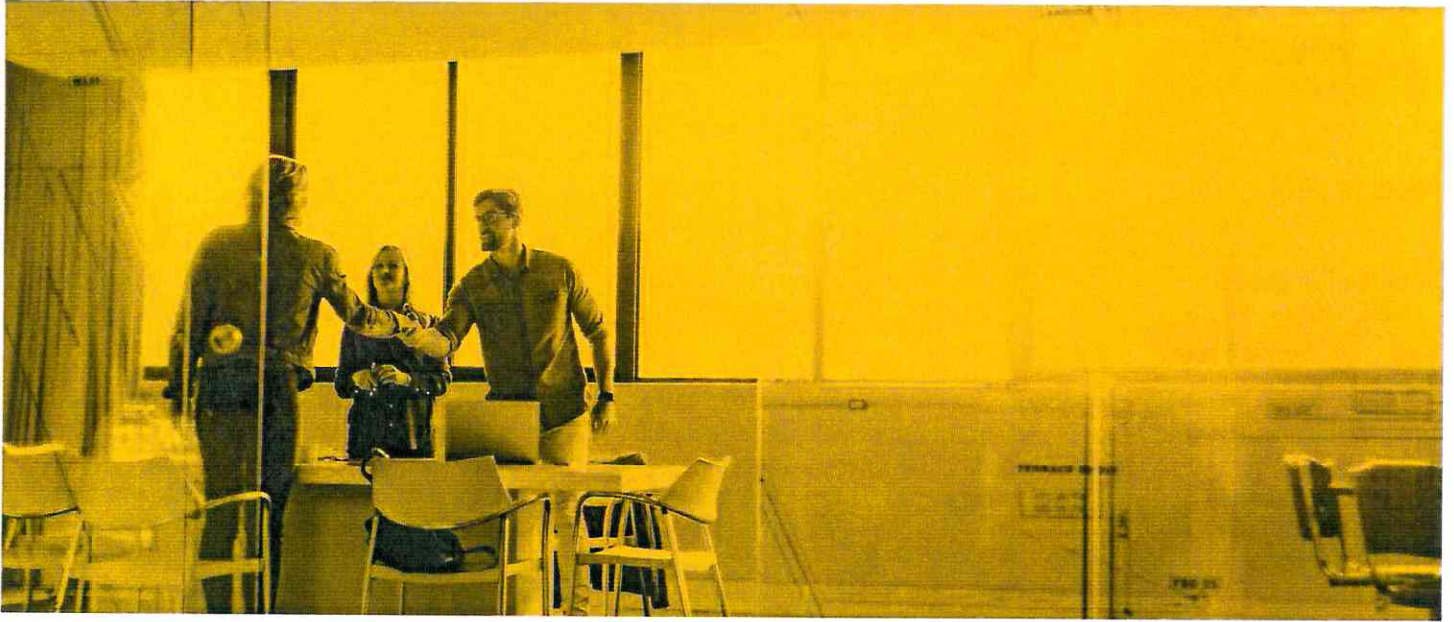
Name (Print)

Signature

Treasurer _____

Title

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



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
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.
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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

| | |
|--|------------------|
| Cash and cash equivalents - general | \$ 690,763 |
| Cash and cash equivalents - board designated operating reserve | 500,978 |
| Accounts, grants, and contracts receivable | 88,346 |
| Pledges receivable, net of discount of \$654 | 72,470 |
| Inventory | 48,000 |
| Prepaid expenses | 11,659 |
| Total Current Assets | <u>1,412,216</u> |

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 | <u>1,833,607</u> |
| Accumulated Depreciation | <u>(219,502)</u> |
| Property and Equipment, Net | <u>1,614,105</u> |

Total Assets \$ 3,066,603

Liabilities

Current Liabilities

| | |
|----------------------------------|---------------|
| Accounts payable | \$ 4,775 |
| Accrued liabilities | 38,009 |
| Mortgage payable-current portion | 29,177 |
| Total Current Liabilities | <u>71,961</u> |

Long-term Liabilities

| | |
|-------------------------------|----------------|
| Mortgage payable, non-current | <u>394,569</u> |
|-------------------------------|----------------|

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 | <u>2,489,878</u> |

With Donor Restrictions

110,195

Total Net Assets 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 | <u>1,251,117</u> | <u>88,333</u> | <u>1,339,450</u> |
| 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 | <u>153,743</u> | <u>-</u> | <u>153,743</u> |
| Net Assets Released from Restriction | <u>273,449</u> | <u>(273,449)</u> | <u>-</u> |
| Total Revenues and Support | <u>1,678,309</u> | <u>(185,116)</u> | <u>1,493,193</u> |
| 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 | <u>399,605</u> | <u>-</u> | <u>399,605</u> |
| Total Expenses | <u>1,685,767</u> | <u>-</u> | <u>1,685,767</u> |
| Change in Net Assets | (7,458) | (185,116) | (192,574) |
| Net Assets, Beginning of Year | <u>2,497,336</u> | <u>295,311</u> | <u>2,792,647</u> |
| Net Assets, End of Year | <u>\$ 2,489,878</u> | <u>\$ 110,195</u> | <u>\$ 2,600,073</u> |

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

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

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

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

HOPE 4 Youth, Inc.
Notes to the Financial Statements
December 31, 2021

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:

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

Net Assets With Donor Restrictions (Restricted) - 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.

HOPE 4 Youth, Inc.
Notes to the Financial Statements
December 31, 2021

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.

HOPE 4 Youth, Inc.
Notes to the Financial Statements
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.

HOPE 4 Youth, Inc.
Notes to the Financial Statements
December 31, 2021

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 | \$ 38,333 |
| One to five years | 34,791 |
| Total Pledges Receivable | <u>73,124</u> |
| Adjustment to present value at a discount rate of 2% | <u>(654)</u> |
| Net Pledges Receivable | <u><u>\$ 72,470</u></u> |

HOPE 4 Youth, Inc.
Notes to the Financial Statements
December 31, 2021

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 | Level 2 | Level 3 | Total |
|--------------------------|------------------|-------------|-------------|------------------|
| Money Market Fund | \$ 916 | \$ - | \$ - | \$ 916 |
| Equities | 10,378 | - | - | 10,378 |
| Fixed Income | 28,988 | - | - | 28,988 |
| Total Investments | \$ 40,282 | \$ - | \$ - | \$ 40,282 |

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

HOPE 4 Youth, Inc.
Notes to the Financial Statements
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.

\$ 277,082

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 2033.

146,664

Total long term debt

423,746

Less current portion

(29,177)

Total non-current mortgage payable

\$ 394,569

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 | <u>\$ 110,195</u> |

HOPE 4 Youth, Inc.
Notes to the Financial Statements
December 31, 2021

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 | <u>5,475</u> |
| Total | <u>\$ 112,708</u> |

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:

| <u>Year Ending</u> <u>December 31,</u> | <u>Amount</u> |
|---|-----------------|
| 2023 | <u>\$ 1,620</u> |

HOPE 4 Youth, Inc.
Notes to the Financial Statements
December 31, 2021

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 | <u>1,392,839</u> |

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 | <u>(611,173)</u> |

Financial assets available to meet cash needs for general expenditures
within one year

\$ 781,666

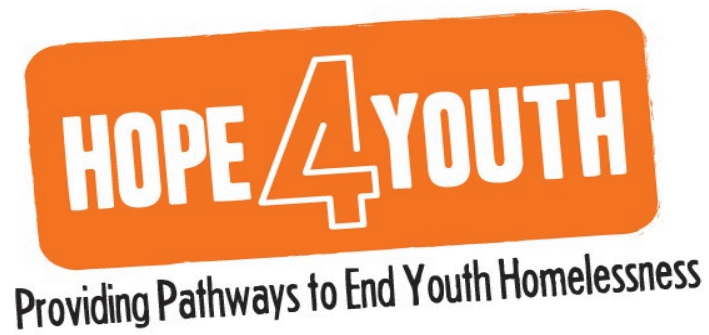
The Organization maintains a board designated operating reserve that was established to maintain an adequate level of unrestricted cash to support any unforeseen cash shortfalls of day-to-day operations and to meet the needs of expanding programs, with a target level of 3-6 months annual operating expenses 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**

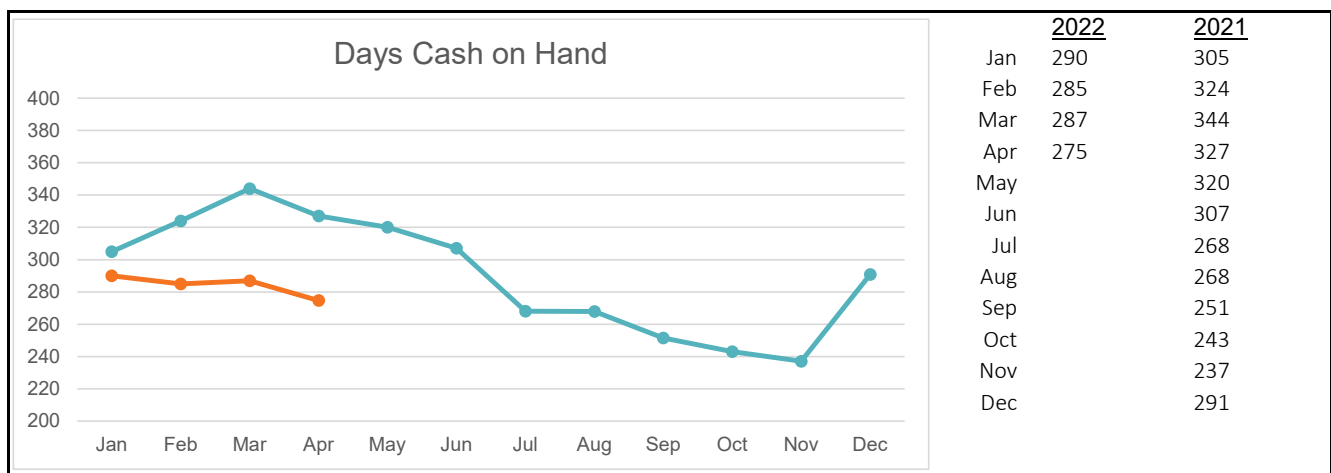
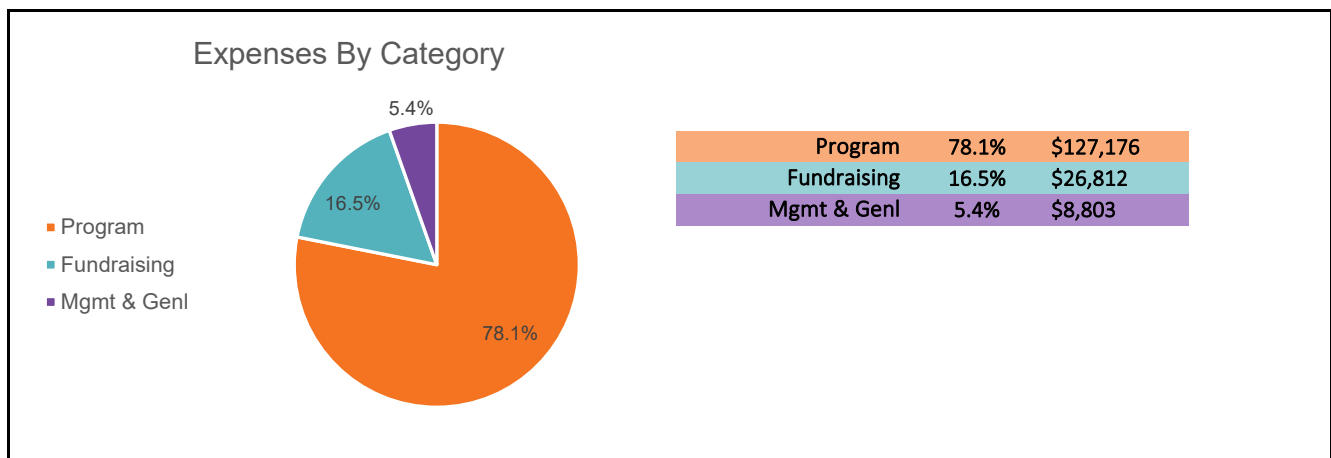
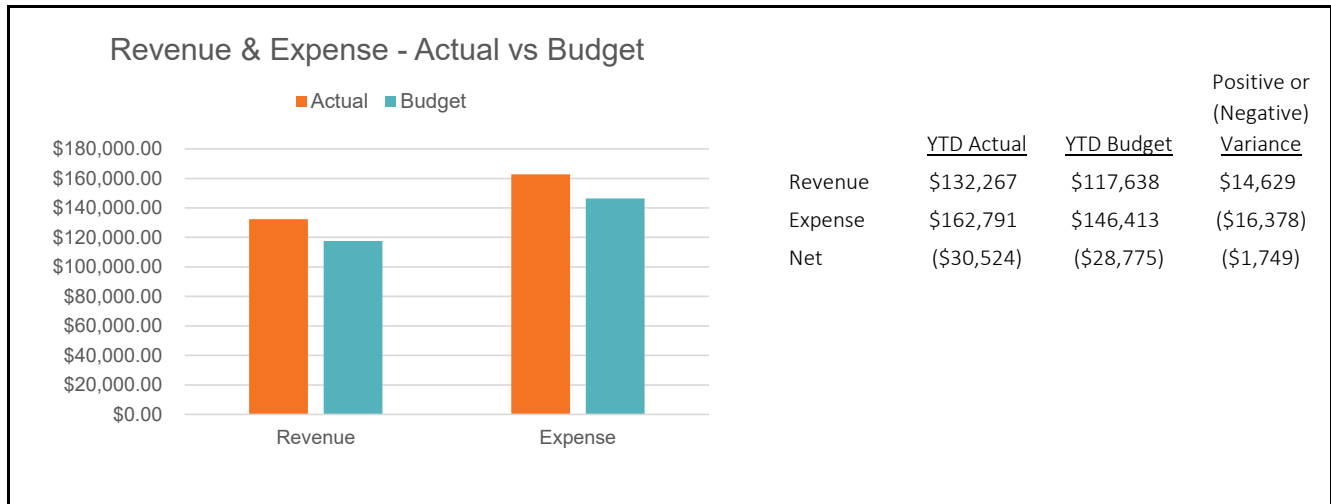
| as of April 30, 2022 | | Actual to Budget | | | Act to Bud Variance Comments |
|-------------------------|-------------------------------|---------------------|-------------|------------|--|
| | | Actual | Budget | Variance | |
| Ordinary Income/Expense | | | | | |
| Income | | | | | |
| | DONATIONS, 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) | |

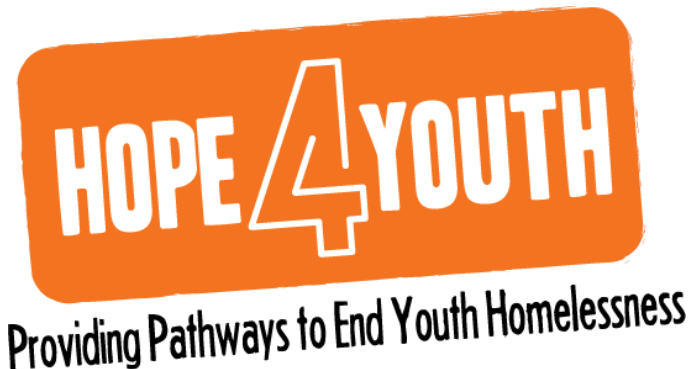
Statement of Revenue and Expense
Fiscal Year 2022 - through April 30, 2022

| | <u>YTD Actual</u> | <u>YTD Budget</u> | <u>Over(Under) YTD Budget</u> | <u>Full Year Budget</u> |
|-------------------------------------|-----------------------------|------------------------------|-----------------------------------|-----------------------------|
| <u>Revenue</u> | | | | |
| 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 | <u>1,629.08</u> | <u>4,833.33</u> | <u>(3,204.25)</u> | <u>14,500</u> |
| | <u>\$426,161.03</u> | <u>\$453,486.33</u> | <u>(\$27,325.30)</u> | <u>\$1,740,660</u> |
| <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 | <u>11,317.32</u> | <u>16,644.00</u> | <u>(5,326.68)</u> | <u>49,936</u> |
| | <u>\$519,368.52</u> | <u>\$568,507.36</u> | <u>(\$49,138.84)</u> | <u>\$1,744,325</u> |
| Net Surplus(Deficit) | <u>(\$93,207.49)</u> | <u>(\$115,021.03)</u> | <u>\$21,813.54</u> | <u>(\$3,665)</u> |

HOPE 4 Youth

Financial Dashboard YTD through April 30, 2022





Advancement Scorecard April 2022

VOLUNTEER HOURS

656

Total Hours

Up 29 hours from
April 2021

193 hours
23 hours
68 hours
189 hours
177 hours
6 hours

Drop-In Center
DIC Meals
Hope's Closet
One-time projects/other
Donation Center
HOPE Place

DONORS

77

**New donors gave
\$38,494.69**

Up 27 and up
\$19,879.46 from April 2021

0

**New recurring
monthly donors**

Down 5 from April 2021

DONATIONS: \$122,414.27

Up \$60,965.65 from April 2021

\$23,994.93

Individuals

\$3,856.97

Civic & Faith Based, Small Business

\$1,295.70

Corporations

\$6,711.00

Foundations

\$86,555.67

Events

\$0

Government

VOLUNTEERS

90%

Active Volunteers
% of volunteers who were
active 6 months ago and are
still active

15

New Volunteers
Up 2 from April 2021

SOCIAL MEDIA STATISTICS

52,765

Impressions

of times content appears in
front of a user.
Down 25,830 from April 2021

3,231

Engagement

of times a user commented,
reacted, shared, or clicked
on content.
Down 2,374 from April
2021

13,535

Followers

Up 491 from April
2021

WEBSITE STATISTICS

6,069 Page Sessions

A single website visit that can include many
pageviews. Down 4,854 from April 2021

4,057 New visitors (new stat)

881 Returning visitors

Up 229 from April 2021

0:02:21 Average time on website

Up :53 from April 2021

EMAIL STATISTICS

8,252 Accepted Subscribers

Up 47 from April 2021

31.91% Open Rate

Up 9.63% from April 2021

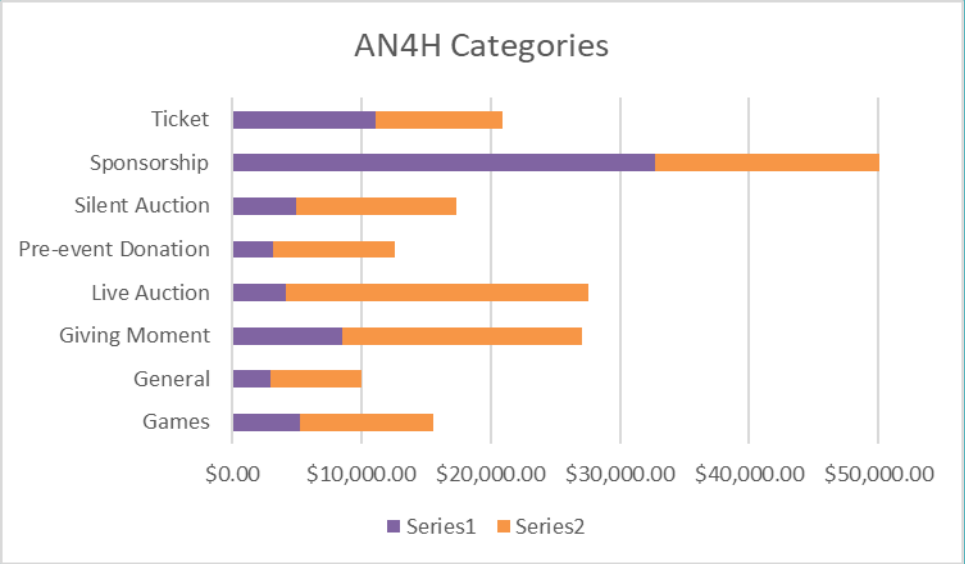
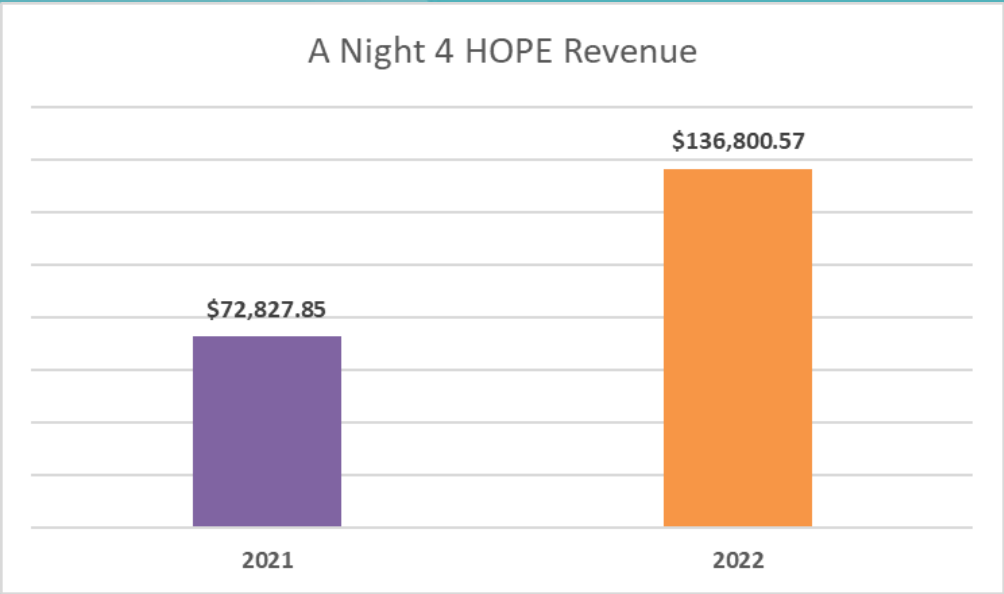


Providing Pathways to End Youth Homelessness

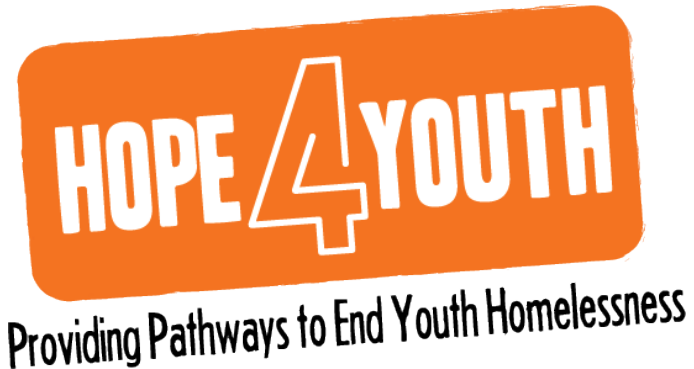
A Night 4 HOPE

- 8 Sponsors in 2021
- 17 Sponsors in 2022

188% Increase over 2021



| | 2021 | 2022 | Increase |
|--------------------|-------------|--------------|----------|
| Total | \$72,827.85 | \$136,800.57 | 188% |
| Games | \$5,280.00 | \$10,327.32 | 196% |
| General | \$2,983.86 | \$6,988.19 | 234% |
| Giving Moment | \$8,472.43 | \$18,607.14 | 220% |
| Live Auction | \$4,150.00 | \$23,400.00 | 564% |
| Pre-event Donation | \$3,145.00 | \$9,475.00 | 301% |
| Silent Auction | \$4,925.00 | \$12,389.50 | 252% |
| Sponsorship | \$32,768.80 | \$45,803.32 | 140% |
| Ticket | \$11,102.76 | \$9,810.10 | 88% |



Program Snapshot April 2022

HOPE 4 Youth Drop-In Center Youth Statistics

222

Drop-In Center
Visits
YTD = 759

107

Unique
Youth
YTD = 198
Under 18 = 7

31

New Intakes
YTD = 73

DIC Community Referrals

| | |
|-------------------------|---|
| Employment | 0 |
| Emergency Shelter | 0 |
| Housing Referral | 0 |
| Mental Health Referral | 1 |
| Other | 0 |
| Social Service Provider | 2 |

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

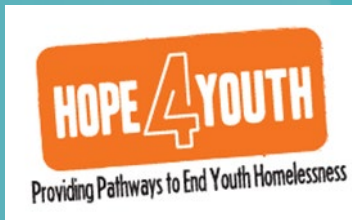
1 Completed program and moved to market rate
0 new residents entered
6 residents continue to work on a career path (production, auto mechanics, retail, restaurant industry, education, nursing)
8 residents are working
2 working and taking post high school education classes
4 working toward starting post high school education classes (construction, IT, nursing)
2 working on getting their driver's license

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

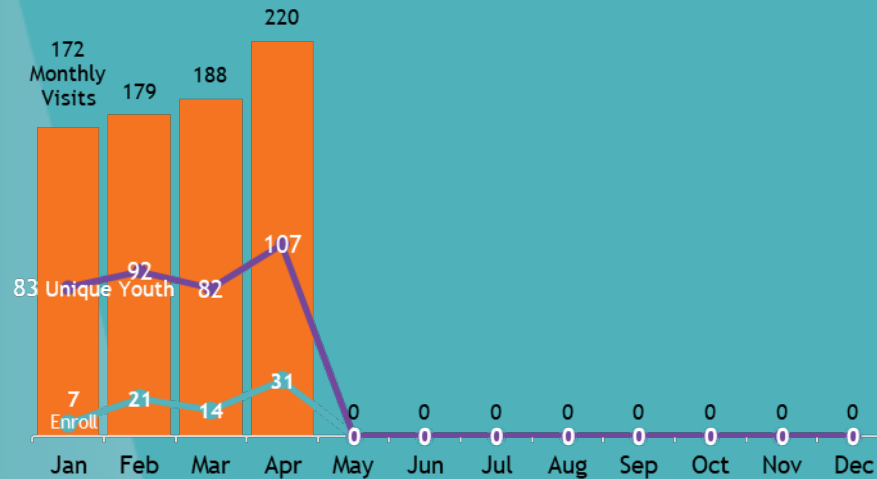
Drop-In Center On-Site Resources

7
Crisis Calls





April 2022 DIC Data



| How Referred - Previous Month | |
|-------------------------------|--------------|
| Row Labels | Unique Youth |
| Another Client | 1 |
| Outreach | 1 |
| Government | 1 |
| Other | 3 |
| Unknown | 4 |
| Internet | 8 |
| Other Agency | 11 |
| School/Community Org | 16 |
| Friend/Family | 62 |
| Grand Total | 107 |

| Case Management Services DIC | | |
|------------------------------|------------------|-----------------|
| Row Labels | 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 |

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