

Notice of Funding Availability (NOFA) for projects aligned with Escambia Consortium, Florida

comprised of:
Escambia County, Florida
City of Pensacola
Santa Rosa County, Florida
City of Milton, Florida

HOME-American Rescue Plan

NOFA Released Monday, September 09, 2024

Applications Due Monday, January 06, 2025 at 5:00pm

Applications must be submitted by email to

home-arp@myescambia.com

It is the responsibility of the applicant to ensure application(s) are filed prior to the due date and time.

Applications received after 5:00 p.m. will be returned to the applicant and will not be considered (time stamp will be effected when the application is submitted through the submission portal).

This Document can be made available in alternative accessible formats upon request.

10. Completeness Checklist

Applicants must complete chart below and attach as PAGE 1 of the submission.

| Application Forms and Attachments | Page # |
|---|--------|
| Project Name: The Ministry Village Expansion and Service Support | |
| Project Applicant: The Ministry Village at Olive | |
| Table of Contents (COMPLETENESS CHECKLIST) | 1 |
| 1. Applicant Information | 9 |
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| 4. Project Description | 11 |
| 5. Quality of Service Questionnaire | 14 |
| 6. Ability to Complete Activities Outline | 15 |
| 7. Budget Narrative | 19 |
| 8. Budget and Match Form | 19 |
| 9. Project Outcomes | 20 |
| 10. Required Attachments | |
| Affirmation of attendance/viewing of pre-application meeting/video. | |
| a. Documentation of Partnerships – MOUs, Letters of Commitment or Contracts demonstrating location and program services in Escambia County and/or Santa Rosa County | |
| b. Applicants Annual Operating Budget | 24 |
| c. Proof of 501c3 Status (if applicable) | 30 |
| d. Current W-9 | 31 |
| e. 2022 and 2023 Tax returns | 32 |
| f. Two most recent years' financial statements (audited, if applicable) | 118 |

Notice of Funding Availability (NOFA) for projects aligned with Escambia Consortium HOME-ARP

On January 19, 2023, the Escambia Board of County Commissioners approved the activity allocations for the County's HOME-ARP funding. The allocations were approved as follows:

- 70% Non-congregate Shelter
- 12% Affordable Rentals Housing Development
- 9% Professional Supportive Services
- 9% Professional Services and Administration

Through various meetings with community partners, Escambia County staff has acknowledged a new direction that funding from HOME-ARP should be focus. This refocused approach is set in allocating funds as follows:

- 70% Affordable Rentals Housing Development
- 20% Professional Supportive Services
- 10% Professional Services and Administration

Escambia County Neighborhood and Human Services (NHS) Department staff will follow established procurement policy to solicit bids for the construction of new affordable rental housing, or acquisition of such rental housing with or without rehabilitation of affordable rental housing units. For Supportive Services, the County will maintain equity and transparency in collaborating with existing local vendors and non-profit partners to include the local Continuum of Care which serves the entire consortium area.

The governing entity of the lead agency of the HOME Consortium has approved an allocation plan indicating the amount of HOME-ARP funding that is planned for each eligible HOME-ARP activity type.

Template:

Use of HOME-ARP Funding

| | Funding Amount | Percentage of the Grant | Statutory Limit |
|--|----------------|-------------------------|-----------------|
| Supportive Services | \$827,150 | 20% | |
| Acquisition and Development of Non- | | | |
| Congregate Shelters | | | |
| Tenant Based Rental Assistance (TBRA) | | | |
| Development of Affordable Rental Housing | \$2,895,025 | 70% | |
| Non-Profit Operating | | | 5% |
| Non-Profit Capacity Building | | | 5% |
| Administration and Planning | \$413,575 | 10% | 15% |
| Total HOME ARP Allocation | \$4,135,750 | | |

Escambia Consortium is maintaining a consistent approach to the allocation of these funds as per the public input received. Below is a breakdown of activities:

- Approximately \$827,150 are being directed towards an expansion in supportive services to provide, among other client centered care, case management, medical, mental health, and substance abuse treatment services for households and individuals currently in shelter or transitioning into or out of homelessness.
- Approximately \$2,895,025 are being directed to directly increase the quantity of affordable rental units in the County.
- Approximately \$413,575 in funding will be set aside for administration and planning.

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HOME-ARP funding is restricted to several areas of support; tenant based rental assistance, development and support of affordable housing, provision of supportive services, and the purchasing and development of (a) non-congregate shelter(s). Through the County's needs assessment and gap analysis, we determined that the most beneficial usage of these funds would be to acquire and/or construct new affordable rental units.

Like many local governments in the State, Escambia County and the other participating jurisdictions within the consortium haven't been immune to skyrocketing housing and rental prices. As a result, many area families can no longer afford stable and consistent housing which is leading to many families experiencing homelessness. With the construction of new affordable units and the increased supportive services in the community, we can ensure effort is made to lessen the extent of this issue and to keep those currently experiencing homelessness safe.

Funding Available

The grant term for this application is flexible, not to exceed 48 months.

Applicants must commit to administering the proposed project for the full term of project/program affordability.

| HOME-APR Funding FY 2024 | \$4,135,750 |
|--------------------------|-------------|
|--------------------------|-------------|

This NOFA contains information and required forms for potential applicants to apply and compete for HOME-ARP funds. Potential applicants are advised to read the materials carefully.

The material in this NOFA does not represent all the priorities, program components, or funding sources currently/potentially available through local, state, or federal funders and may change upon the release of NOFAs for the various funding sources. Escambia County reserves the right to apply such changes without further notice to applicants.

Questions Regarding this NOFA

Questions from potential applicants must be submitted via email to home-arp@myescambia.com, should use the subject line "NOFA Questions", and be received no later than <u>5:00 pm on Wednesday</u>, <u>November 06, 2024</u>. Escambia County will compile all questions and answers, and provide responses to applicants no later than <u>5:00 pm</u>, <u>Wednesday</u>, <u>November 20, 2024</u>.

Successful applications must meet the guidelines provided in this NOFA. To submit an application for consideration, complete the submission requirements listed here within.

The organization of this NOFA is as follows:

| SECTION I: | General Information |
|--------------|---------------------------|
| SECTION II: | Scope of Grant Activities |
| SECTION III: | |
| SECTION IV: | |
| SECTION V: | |
| SECTION VI: | |

SECTION I: General Information

HOME-ARP Production Housing Goals

Escambia Consortium representatives understand that the total number of units produced with grant funds will vary by production design, program requirements, and materials costs. It is our hope that this funding may be leveraged with other sources to add additional units under a similar strategy.

Escambia Consortium will serve some of the area's most vulnerable populations via the construction of affordable rental units. Staff aims to assist households that meet the HOME-ARP Qualifying Population definitions. The goal will address the affordable rental housing unit deficit and relieve the cost burden disproportionately felt by the qualifying populations.

Project Completion Timeframes For most project types, the Proposed Project, other than construction, should be able to be operational within 6 months following the award of funding.

Critical Dates and Timeline

| Monday, September 09, 2024 | | Escambia County Issued Request for Applications for projects aligned with Escambia Consortium HOME-ARP |
|------------------------------|---------|--|
| Thursday, October 03, 2024 | 2:00 PM | Microsoft Teams meeting Join on your computer, mobile app or room device. Join the meeting now Meeting ID: 218 110 463 52 Passcode: dWiJny Download Teams Join on the web Or call in (audio only) +1 850-595-4980 United States, Pensacola Phone Conference ID: 391 743 943# |
| Wednesday, November 06, 2024 | 5:00 PM | Deadline for questions regarding NOFA |
| Wednesday, November 20, 2024 | 5:00 PM | Responses to NOFA Questions |
| Monday, January 06, 2025 | 5:00 PM | SUBMISSION DEADLINE – Project Applications |



| | | Performance, Evaluation, and Ranking Committee Members will meet to score each project application using the published Scoring Criteria. |
|---------------------------|---------|--|
| | | Microsoft Teams meeting Join on your computer or mobile app. |
| Monday, February 3, 2025 | 1:00 PM | Meeting ID: 219 685 014 535 Passcode: sHU88y Download Teams Join on the web Or call in (audio only) 1 850 595 4980 United States, Pensacola Phone Conference ID: 405 381 034# |
| Friday, February 07, 2025 | 5:00 PM | Notice of Conditional Selection or Non-Selection to all project applicants. All awards are pending Escambia County Board of County Commissioners approval. |

Applicant Eligibility

All public (local government), for profit and private non-profit developers and agencies that currently provide services, as well as those that want to expand to provide services such as:

- Continuum of Care (CoC) organizations providing homeless services
- Domestic violence service providers
- Public housing agencies
- Veterans' groups
- Public agencies that address the needs of the Qualifying Populations
- Public or private organizations that address fair housing, civil rights, and the needs of persons with disabilities

Non-profit applicants must include proof of 501(c)3 status with submission.

Applicant must also meet all the following requirements:

- Services Escambia County and/or Santa Rosa County.
- Submitted the Letter of Determination from the IRS confirming your organization's federally tax-exempt status.
- Submitted a copy of your organization's current W-9.
- Submitted a copy of your organization's 2022 or 2023 tax return. You may submit a 2021 tax return along with explanation for late filing.
- Submitted a copy of your organization's most recent 2 years of financial statements, with audit if applicable.
- Able to operate program on a reimbursement basis and submit required documentation to Escambia County.
- Organization has robust reporting capacity.

Any applicant on the excluded parties list (www.sam.gov/SAM/) will be considered ineligible for funding.

Escambia Consortium encourages applicants to submit applications for projects, even if the project does not 'fit' perfectly into the descriptions here within. By submitting an application, the applicant is informing Escambia Consortium of projects it intends or desires to develop to help satisfy an unmet need in the community and address the affordable rental housing unit deficit and relieve the cost burden disproportionately felt by the qualifying populations.

SECTION III: Funding Guidelines

Administrative Costs

If awarded, the project's admin funding will be based on available and allowable admin funding as determined by the funding sources and may be divided between Escambia County and the applicant. Eligible costs include general management, oversight, and coordination; training on grant requirements; consolidated plans; and environmental reviews.

| Funding Source | Maximum Percent of Admin Allowed |
|------------------|----------------------------------|
| HOME-ARP Funding | 10% |

Cost Reimbursement

All contracts will be on a cost reimbursement basis. Sub-recipient will be required to submit proper back-up documentation for project eligible expenses as determined by the funding source regulations and requirements.

Match

No match is required for this funding.

Cost of Submitting Applications

The cost of preparing and submitting an application is the sole responsibility of the applicant and shall not be chargeable in any manner to Escambia County. Escambia County will not reimburse any applicant for any costs associated with the preparation and submission of an application, including but not limited to, expenses incurred in making an oral presentation, or participating in an interview (if required).

Conflict of Interest

The applicant agrees that it presently has no interest and shall acquire no interest, either direct or indirect, which would conflict in any manner with the performance of services required if a contract is awarded. The applicant further agrees that no person having any such interest shall be employed or engaged for said performance. The applicant agrees that no employee, officer, agent of the applicant or its sub-recipients shall participate in the selection, award or administration of a contract or construction bid if a conflict-of-interest, either real or implied, would be involved. The applicant or subrecipient employees, officers and agents should refrain from accepting gratuities, favors or anything of monetary value from contractors or potential contractors based on the understanding that the receipt of such an item of value would influence any action or judgment of the applicant. For federally funded contracts, conflict of interest provisions described in 2 CFR 200.112 and all other state and federal regulations currently in effect and as may be amended from time to time shall apply.

Federal Administrative Requirements

Agencies must comply with Federal administrative requirements. All agencies awarded funds through this NOFA will be required to comply with a variety of requirements governing the use of Federal funds. Additionally, agencies awarded funds through this NOFA will be required to provide access to their financial records to a representative of Escambia County to evaluate their financial management systems. Escambia County staff will monitor each program to ensure compliance with the terms of the funding agreement between the Escambia County and the agency. This will include

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monitoring records kept by the applicant to demonstrate the eligibility of clients, the services provided, and other required information.

Liability insurance is required for all Grants. All agencies awarded funds will be required to comply with the County's insurance requirements. Interested applicants may contact Risk Management (850-595-4765), or email risk@myescambia.com for more specific information. Escambia County Board of County Commissioners must be named as the Certificate Holder and the additional insured.

Handicapped Accessibility – All components of any project proposed must be accessible to persons with disabilities. Programs, information, participation, communications, and services must be accessible to persons with disabilities. Agencies must comply with Section 504 of the Rehabilitation Act of 1974 and Americans with Disabilities Act (ADA).

Nondiscrimination – All funded agencies must ensure that all persons have fair and equal access to all forms of assistance regardless of race, color, national origin, age, sex, familial status, religious preference, disability, type or amount of disability, gender identity, perceived gender identity, marital status, sexual orientation, or perceived sexual orientation. These non-discriminatory practices apply to employment and contracting as well as to marketing, and selection of project participants. Programs funded through this funding must practice a person-centered model that incorporates participant choice and inclusion of all geographic areas and subpopulations in Escambia County, including persons who are homeless, veterans, youth, and families with children, individual adults, seniors, victims of domestic violence, and Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex (LGBTQI) individuals and families.

Programs funded through this funding must operate in accordance with all federal statutes including, but not limited to: the Fair Housing Act, Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, and Title II and Title III of the Americans with Disabilities Act.

Funded agencies must maintain records demonstrating compliance with the nondiscrimination and equal opportunity requirements, including data concerning race, ethnicity, disability status, sex, and family characteristics of persons and households who are applicants for, or program participants in, any program or activity funded in whole or in part with the awarded funding source. Funded agencies must have an affirmative marketing plan that demonstrates how the agency conducts outreach to persons who are least likely to access services.

Minimum Funding Request

The minimum funding request for any project is \$50,000. Escambia Consortium reserves the right to award less than the amount of funds requested.

SECTION IV: Application Evaluation and Selection

Threshold Requirements

Applications will be reviewed by Escambia Consortium staff to ensure the submission does NOT contain any fatal flaws, as listed below. If Escambia Consortium determines the threshold requirements are not met, the project will be rejected, and the applicant agency notified in writing. If the applicant and application are determined eligible, then the application will proceed to the Application Review, Scoring and Conditional Selection Process.

Fatal Flaws

Applications that commit the following will be considered as having a fatal flaw, and will not be given consideration for funding:

- Applications received after the stated due date and time.
- Applications received from an agency not eligible to apply (is listed on the Excluded Parties List, has not provided direct services for 24 months prior to application due date).
- Application does not include agency board minutes reflecting a resolution affirming the submission of same (should the applicant have a governing board).
- Application is not signed by the agency official designated to execute contracts.

Application Review, Scoring and Conditional Selection Process

Applications that meet threshold criteria will be forwarded to the staff members of the Consortium governmental entities, who will meet to review and score each project application in accordance with the Ranking and Reallocation Policies.

Staff members who have an interest in a submitted project application will recuse themselves from scoring. An interest includes being an employee, volunteer and/or board member of an applicant agency or other entity that is direct partner and/or would otherwise directly benefit of the proposed project.

Application Minimum Requirements:

| | Category | Pass/Fail |
|----|--|-----------|
| 1. | Services Escambia County and/or Santa Rosa County. | |
| 2. | Submitted the Letter of Determination from the IRS confirming your organization's federally tax-exempt status. | |
| 3. | Submitted a copy of organization's current W-9. | |
| 4. | Submitted a copy of organization's 2022 or 2023 tax return. You may submit a 2021 tax return along with explanation for late filing. | |
| 5. | Submitted a copy of your organization's most recent 2 years of financial statements, with audit if applicable. | |
| 6. | Able to operate program on a reimbursement basis and submit required documentation to Escambia County. | |
| 7. | Organization has robust reporting capacity. | |

| | Category | Total Points Possible | Score |
|----|---|--------------------------|-------|
| 1. | Partners with public or private organizations/agencies that provide complimentary services. | 10 | |
| 2. | Other funding match provided. | 30 | |
| 3. | Program is "Specific and Measurable". | 10 | |
| 4. | Program provides reasonably detailed description for sustainability of the program beyond funding period. | 50 | |
| | TOTAL BONUS POINTS | 100 | |

Notice of Conditional Selection Decision

Escambia County staff will provide written notice regarding the conditional selection decision to each applicant by **Friday, February 7, 2025, at 5:00 pm.** The selection may include single or multiple awardees for full and/or partial funding. All awards are pending Escambia County Board of County Commissioners approval.

Post Award Requirements

If awarded, a contract will be executed by the Escambia County Board of County Commissioners and administered by Escambia County staff. The contract will be based upon the information submitted in the application, all accompanying exhibits/attachments and any additional information that is requested/received during the review phase. Contract language is not negotiable. **The contract is reimbursement based and the applicant must be able to pay for project costs prior to requesting payment.** Modifications and updates to application exhibits may be required prior to contract execution. Applicants should review the attached contract to ensure their ability to comply with all requirements and expectations, including potential increased insurance coverage and financial audits.

SECTION V: Application Forms

All forms must be complete for application to be considered for conditional award.

1. Applicant Information

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| Applicant Name: | Authorized Representative Name/Title: |
|------------------------------------|---------------------------------------|
| The Ministry Village at Olive | Drayton Smith Executive Director |
| Address: | Telephone: |
| 1716 E Olive Rd | 850-473-4466 |
| City, State/Zip: | Applicant Website: |
| Pensacola, Fl | Ministry Village.org |
| Contact Person Name/Title: | Unique Entity ID (SAM #): |
| Drayton Smith - Executive Director | S4Z7U8NCYB75 |
| Contract Person E-mail: | Federal Employer ID #: |
| Dsmith@ministryvillage.org | 26-2795365 |
| | |

2. Project Information

| 2. Project Information | | | | | |
|--|--|--|--|--|--|
| Project Name: The Ministry Village at Olive | | | | | |
| Project Address (if different from organization address): | | | | | |
| This is a/an: New Project or Expanded Project | | | | | |
| Total Funding Requested for this Project: \$200,000.00 | | | | | |
| Number of Persons to be Served:6,000 | | | | | |
| Project Type: | | | | | |
| The Ministry Village at Olive is respectfully requesting \$200,000.00 for the expansion on continuation of services. For justification and answers to the below requested information, please see attached files. For any questions or concerns, please reach out to Drayton Smith, Executive Director, The Ministry Village at Olive. | | | | | |
| Target Qualifying Population (check as many as applicable below): | | | | | |

*

| ☒ Homeless ☒ At Risk of Homelessness ☒ Fleeing, or Attempting to Flee Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking | ■ Unaccompanied Youth (ages 18-24) Who Have Experienced Persistent Instability in Housing ■ Veterans, or Families of Veterans with a Member that Meets the Criteria for one of the Qualifying Populations |
|--|--|
| Target Service Location (check as many as applicable | e below): |
| City of Pensacola, District City of Milton, District | Unincorporated Escambia County, District Unincorporated Santa Rosa County, District Other: |
| has been duly authorized by the governing body of the apassistance is approved. Lalso certify that I am aware that | on in this application is true and correct and that the document oplicant. I will comply with the program rules and regulations if providing false information on the application can subject the . I further certify that I am authorized to submit this application ncy regarding grant application submissions. |
| | |
| Signature: Drayton Smith | |
| Typed Name: Drayton Smith | |
| Title: Executive Director | 1/6/2025 |
| services to be provided and the cost of the propo How the project will follow an evidence-based phousing insecurity. | orogram model or creates an innovative approach to reducing oviders, workforce development boards, and wrap-around |
| Limit respon The narrative is required and must be attach | nse to 2,000 words. ned to the application in either Word or PDF format. |

5. Quality of Service Questionnaire

The applicant shall provide a brief response to each question below:

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4. Project Outline:

The Ministry Village at Olive expresses Christ's love to all people through acts of service. The organization's primary goal is to increase access to crucial resources for underserved community needs. This is achieved through five ministries, all united in one purpose: spreading the gospel.

Our mission was founded after Hurricane Ivan's devastating effects left many in the Escambia and Santa Rosa counties unsheltered, facing food insecurities, and overwhelmed. Since our inception, our mission has grown substantially; through this momentum, its impact will last for generations.

Currently, the Ministry Village at Olive operates at maximum capacity within insufficient headquarters. We operate out of our older headquarters, built in the 1960s. This insufficient facility includes an outdoor shower trailer, a makeshift outdoor kitchen, minimal storage facilities, and an outdoor dining area open twice a week. Our mission is in dire need of an expanded facility to support our community better and increase our reach by over 300 percent. This expansion would move our operations to ADA-accessible climate-controlled indoor facilities, providing new opportunities of hope for those less fortunate in our community.

Expanding our headquarters is not our only need; our mission also desperately needs new transportation and trauma healing courses for our Charis House Participants. The Charis House is our twelve-month residential substance recovery program. Through this program, we provide shelter, clothing, medical care, evidence-based educational therapies, workforce training, and more, all free of charge to all participants. Our Charis House program is currently the only program serving our area without any financial burdens for the participants. Without proper transportation, it is becoming more complex to transport the participants to medical appointments, court hearings, workforce training opportunities, and more.

The Ministry Village at Olive respectfully requests \$200,000.00 to support all of our mission's services. This funding is critical to helping those facing hunger, utility disconnection, financial burdens, substance abuse, and more. No individual in our community should face the detrimental decision of facing hunger or losing utility services versus paying rental costs. The Ministry Village at Olive seeks to alleviate that burden by ensuring grocery and utility services to individuals in our

Drayton Smith • Executive Director

850.475.1106 • dsmith@ministryvillage.org

Ministry Village at Olive, Inc. • 1716 E. Olive Road, Pensacola, FL 32514

www.ministryvillage.org

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community. These services ensure that individuals can maintain their housing in our community, effectively controlling the rate of homelessness.

Each ministry's mission provides crucial resources to those in the Escambia and Santa Rosa, Florida communities.

Tender Hearts/Caring Hands - Provides perishable and nonperishable grocery assistance, hot lunches, hygiene facilities, and utility assistance to those in our communities facing food and shelter insecurities.

The Most Excellent Way - Provides confidential addiction support and recovery resources to those affected by our community who are affected by substance abuse. Our weekly meetings provide a safe and dignified support group.

Charis House – A 12-month recovery program for women who are striving to break free from drug and alcohol addiction. This residential Christian-based program offers lifetime support, even after the member leaves the residential home.

Early Learning Center – Our childcare center provides affordable, high-quality Christian-based early education to children in the Escambia and Santa Rosa Florida Counties. Children in our program range from ages 3 to 5.

Jail Ministry - This mobile Jail Ministry program is a powerful intervention for at-risk individuals, providing crucial support during sobriety, recovery, and re-entry into society. This early intervention ensures that upon their release, their mental health journey is well on the way to sustainable recovery. Our current facilities and growing needs for our program in the community are at risk of turning the most vulnerable away from the program.

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Drayton Smith · Executive Director

850.475.1106 · dsmith@ministryvillage.org

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5. Quality of Service Questionnaire:

- **5.1** The Ministry Village at Olive serves the greater Escambia and Santa Rosa, Florida communities. Our programs provide transportation, meals, utilities, groceries, and substance abuse support services. These critical services align with the support services, yielding positive effects on preventing and eliminating homelessness in our local communities.
- **5.2** The Ministry Village at Olive actively participates in the Continuum of Care program via all five subsidiary missions. Within all of our ministries, we effectively collaborate with many local organizations, like the Health and Hope Clinic, Waterfront Rescue, Escambia County Project Reconnect, Survivor Solutions, and more, to provide mental health resources, career opportunities, affordable housing options, and access to prescription drugs and primary care, all free to the participants. We also diligently and effectively provide vocational training to all women in the Charis Hose program, ensuring participants have career opportunities upon graduation. The Ministry Village at Olive also provides long-term peer support twice weekly through our Most Excellent Way Ministry. Ensuring vital substance recovery supports all individuals facing the uphill challenges of sobriety.
- **5.3** At the Ministry Village at Olive, we work diligently to ensure that during our initial connections, we work closely with participants to understand their medical, physical, mental, and vocational training needs. Through this understanding, we connect them personally to the resources that will give them the most success during difficult times. Should our subsidiary missions not provide the critical support a community member needs, our staff, and volunteers work diligently to connect them to immediate services.
- **5.4** The Ministry Village at Olive serves all of Christ's people through acts of service. Our program never charges any fees to individuals seeking services. All programs are available to all of Christ's children without prejudice. All fall upon hard times, and our mission is to serve our community through love, understanding, and servitude without expecting anything in return.

Drayton Smith • Executive Director

850.475.1106 • dsmith@ministryvillage.org

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Through our partnerships with Escambia County, we provide transportation to those seeking grocery services to our location and back to their homes. Project Reconnect ensures proper and safe transportation for those seeking treatment centers or reconnecting with families. Our vehicles take Chairs House participants to court, medical, mental health, and vocational training appointments. Overall, the Ministry Village at Olive substantially supports Escambia and Santa Rosa County individuals facing difficult times.

5.6 The Ministry Village at Olive is fortunate to be financially viable to sustain the expansion of services in the new facility. This viability is exceptionally sustainable should we receive assistance with purchasing the new facility, financial support for transportation, operational costs for utility assistance, and workforce training for Charis House participants. To sustain our mission's economic needs, we plan to launch targeted marketing campaigns involving Escambia and Santa Rosa's understanding of our mission's needs. We host one significant fundraising event annually and are looking to host one more annually. We will continuously work to expand our corporate and private donor database. Upon developing our facility, more volunteers were recruited to help the underserved in our community.

| Break - | |
|---------|--|
|---------|--|

Drayton Smith · Executive Director

850.475.1106 · dsmith@ministryvillage.org

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www.ministryvillage.org

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- 1. Describe how the project aligns with Escambia HOME Consortium HOME-ARP Allocation Plan (Appendix 1).
- 2. Explain how your agency is actively participating in the Homeless Continuum of Care (CoC) and existing HMIS and Coordinated Entry systems in the Consortium service area, and how this project will integrate with those systems.
- 3. Describe how the project will provide connections to supportive solutions, include the extent to which this project will connect client to mainstream services (i.e. food stamps, SSI/SSDI, Medicare/Medicaid, physical health care, mental health care, substance abuse treatment, recovery support groups, public housing, childcare providers, etc.), and community-based supports (i.e. volunteer opportunities, faith-based organizations, civic groups, etc.) to ensure long term stability.
- 4. Describe how your agency has worked to remove traditional barriers (i.e. no income, no insurance, no transportation, etc.) to provide services for individuals and families who are members of the qualifying populations.
- 5. Describe how your agency evaluates program success.
- 6. Describe how the agency will continue to provide quality services in the community in the case of reduced or loss of funding, and after funding has ended.

6. Ability to Complete Activities Outline

The applicant shall provide an outline that documents their ability to complete the funded activities in the allotted timeframe. This outline shall include:

- Timelines of critical tasks to be accomplished for each proposed activity.
- Monthly spending plans and proposed drawn down schedules; and Reporting schedule for outcomes achieved.

The outline is required and must be attached to the application in either Word or PDF format

7. Budget Narrative

The applicant shall provide a budget narrative to describe the overall project budget and sources of match funds (if any) expected for the period of the grant. The budget narrative *must* include the following criteria:

- Description and justification of the proposed Personnel Costs, including Fringe Benefits.
- Description and justification of the proposed Other Program Operation Costs.
- Description and justification of the proposed Administrative Costs.
- Clearly identify the timeframes and methods for obligating grant funds, and how the agency plans to ensure funds are spent before the deadline.
- If the applicant plans to provide additional services, other than those eligible under the funding in this application, clearly denote the type of other services or programs and the funding sources.
- Identify sources of any leveraged funds which are currently committed to the organization for this project (attached commitment letters).

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6. Ability to Complete Activities as Outlined

Charis House Vehicle Purchase - \$50,000.00

Purchase new vehicles for immediate use within the facility. The purchase price includes registration fees.

Chairs House Training - \$50,000.00

Twenty-five thousand dollars were invested into scholarship funds for participants' college education. Set in effect, effective immediately.

Twenty-five thousand people are paid in full for a new computer lab, and evidence-based therapeutic therapies are provided through various providers, including Survivor-Led Solutions. This is effective immediately.

Utility Assistance—\$50,000.00

The funds will be allocated to the 2025 Utility Assistance Program, which provides an average of \$4,160.00 per month for individuals in Escambia and Santa Rosa Counties.

New Facility and Programmatic Costs - \$50,000.00

This funding will expand hygiene, meal, and grocery services. One of our most significant expenses is purchasing proper nutritional items for those in our community who are facing hunger.

Drayton Smith • Executive Director

850.475.1106 dsmith@ministryvillage.org
Ministry Village at Olive, Inc. 1716 E. Olive Road, Pensacola, FL 32514

www.ministryvillage.org

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A copy of the applicant's overall budget, including other services or programs and funding sources, general management and oversight budget charged to grant sources must be attached following the Budget Narrative.

8. Budget Form

Complete each line as applicable to the proposed project.

Budget Template

Notice of Funding Availability

Edit GREY fields to add broad line items to form your budget. BLUE fields provide budget short descriptions and amounts requested.

| Year 1 | | | | | |
|---|---|-----|--------------------|--|--|
| Eligible Costs | Quantity AND Description (max 400 characters) | Ass | sistance Requested | | |
| \$50,000.00 Purchase of new vehicles for Chairs House, ensuring adequate transportation to court, medical appointments, vocational training, and more. | | | | | |
| | Chairs House programming and college tution. | | | | |
| \$50,000.00 | | | | | |
| \$50,000.00 | Utility Assistance programming | | | | |
| \$50,000.00 Meal, Hygeine, Transportation, and Grocery Services | | | | | |
| | ë | | | | |
| <u> </u> | | | | | |
| Subtotal | Requested | \$ | 200,000.00 | | |
| Admin Reque (i.e. accounting costs, contrac | | | | | |
| Total Amou | unt Requested | \$ | 200,000.00 | | |

| Total Amount Requested | \$ | 200,000.00 | - |
|------------------------|----|------------|---|
|------------------------|----|------------|---|

^{**} Notice of Funding Availability (NOFA) for projects aligned with Escambia Consortium HOME-ARP

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9. Project Outcomes

Applicants must provide anticipated outcomes and related performance measures (minimum of three).

| application made provides attachment of the | | , | |
|--|---|-----------------------------|--|
| Performance Measure | Baseline Data (must include source) | Desired Outcome | Describe the project component(s) that will be used, and how the outcome will be achieved and monitored. |
| 1. Utility Assistance | 40 montlhy per 2024 records | 45-50 Bills per month | Alleviate finacnial utility burden preventing lapse in rental afforability and utility disconnection. |
| 2. Meal Assitance | | | Provide for growing community needs with raising costs |
| 3. Charis House | | | New vehicle ensures rtransportation to medical, court, and vocational training appointments. |
| 4. | | | |
| 5, | | | |
| 5. | | | |
| 7. OTHER: | | | |
| If awarded, applicants will be required to submit detailed reports include de-identified and de-duplicated | t detailed reports include d | e-identified and de-duplica | ted demographic, service, health, and outcome data. |
| Varies of Funding (vaid | Notice of Empline Availability (NOE) for projects aligned with Escambia Consortium (IOME-) RP | s aligned with Escambia Co | onsortium HOAR-ARP |

Votice of Funding Availability (NOE1) for projects aligned with Escambia Consortium HOME-ARP

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Required Attachments

- a) Documentation showing the applicant is located in and provides services in Escambia County and/or Santa Rosa County.
- b) Letter of Determination from the IRS confirming your organization's federally taxexempt status, if applicable.
- c) Copy of your organization's current W-9.
- d) Copy of your organization's 2022 or 2023 tax return. You may submit a 2021 tax return along with explanation for late filing.
- e) Copy of your organization's most recent 2 years of financial statements, with audit if applicable.

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10. Completeness Checklist

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Applicants must complete chart below and attach as PAGE 1 of the submission.

| Application Forms and Attachments | Page # |
|---|--------|
| Project Name: The Ministry Village Expansion and Service Support | |
| Project Applicant: The Ministry Village at Olive | |
| Table of Contents (COMPLETENESS CHECKLIST) | 1 |
| 1. Applicant Information | |
| 2. Project Information | |
| 3. Certification | |
| 4. Project Description | |
| 5. Quality of Service Questionnaire | |
| 6. Ability to Complete Activities Outline | |
| 7. Budget Narrative | |
| 8. Budget and Match Form | |
| 9. Project Outcomes | |
| 10. Required Attachments | |
| Affirmation of attendance/viewing of pre-application meeting/video. | |
| a. Documentation of Partnerships – MOUs, Letters of Commitment or Contracts demonstrating location and program services in Escambia County and/or Santa Rosa County | |
| b. Applicants Annual Operating Budget | |
| c. Proof of 501c3 Status (if applicable) | |
| d. Current W-9 | |
| e. 2022 and 2023 Tax returns | |
| f. Two most recent years' financial statements (audited, if applicable) | |

^{&#}x27; Notice of Funding Availability (NOFA) for projects aligned with Escambia Consortium HOME-ARP

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SECTION VI: Appendix 1 – Escambia HOME Consortium HOME-ARP Allocation Plan

| | 22-23 Budget | 23-24 Budget |
|--|--------------|--------------|
| Ordinary Income/Expense | | |
| Income | | |
| 40100 · Contributions - Individual | | |
| 40101 · Ind Contribributions | 32,000.00 | 100,000.00 |
| 40102 · Ind Contrib - Designated | 1,000.00 | 1,500.00 |
| 40110 · Ind Contrib - KTLO | 280.00 | |
| 40112 · Ind Contrib - Food Pantry | 2,809.50 | 4,000.00 |
| 40115 · Ind Contrib - Backpack Program | 2,000.00 | |
| 40120 · United Way Contributions | 0.00 | |
| 40100 · Contributions - Individual - Other | | |
| Total 40100 · Contributions - Individual | 38,089.50 | 105,500.00 |
| 40200 · Contributions - Corporate | | |
| 40201 · Corp Contributions | 3,000.00 | 6,500.00 |
| 40200 · Contributions - Corporate - Other | | |
| Total 40200 · Contributions - Corporate | 3,000.00 | 6,500.00 |
| 40300 · Olive Baptist Church | | |
| 40330 OBC Budget | | |
| 40331 · OBC | 517,000.00 | 517,000.00 |
| Total 40330 · OBC Budget | 517,000.00 | 517,000.00 |
| 40340 ⋅ OBC - Additional | 0.00 | · |
| 40350 · OBC Individual Contributions | | |
| 40356 · OBC Ind - Cont | 58,000.00 | 70,000.00 |
| 40357 · OBC Ind - Designated | 0.00 | |
| 40362 · OBC Ind - Food Pantry | 7,500.00 | 10,000.00 |
| 40364 · OBC Ind - Keep the Lights Ол | 45,058.58 | 28,000.00 |
| 40366 · OBC Ind - Backpack Funds | 1,000.00 | |
| Total 40350 · OBC Individual Contributions | 111,558.58 | 108,000.00 |
| Total 40300 · Olive Baptist Church | 628,558.58 | 625,000.00 |
| 41400 · Donated Goods & Services Rev | | 0.00,000.00 |
| 41440 · Gifts In-Kind · Office Rental | 0.00 | |
| 41460 · Gifts In-Kind · Food Pantry | 65,580.36 | 65,000.00 |
| 41480 · Gifts In-Kind - Prof Services | 0.00 | 55,555.55 |
| 41400 · Donated Goods & Services Rev - Other | 0.00 | |
| Total 41400 · Donated Goods & Services Rev | 65,580.36 | 65,000.00 |
| 45000 · Charis House Participation Fees | 6,250.00 | 10,000.00 |
| 46000 · BC Sales | 0,200.00 | 10,000.00 |
| 46100 · BC Merchandise Sales | 310,000.00 | 350,000.00 |
| 46200 · BC Vendor Booths | 310,000.00 | 3,200.00 |
| | 240,000,00 | |
| Total 46000 · BC Sales | 310,000.00 | 353,200.00 |
| 47000 · Early Learning Center | 1 025 220 00 | 1 025 600 00 |
| 47100 · ELC Tuition & Fees | 1,025,320.00 | 1,035,600.00 |
| 47550 · ELC Less Bad Debt | (3,326.03) | |
| 47000 · Early Learning Center - Other | 4 004 000 00 | 4 007 000 00 |
| Total 47000 · Early Learning Center | 1,021,993.97 | 1,035,600.00 |
| 48000 · Revenue From Other Sources | 040.00 | |
| 48100 · Interest Income | 216.00 | 7 |

| | 22 22 Budget | 23-24 Budget |
|--|--------------|--------------|
| | 22-23 Budget | |
| 48300 · Other Income | 7,000.00 | 10,000.00 |
| 48400 · Recycled Goods | 0.00 | 40,000,00 |
| Total 48000 · Revenue From Other Sources | 7,216.00 | 10,000.00 |
| 48900 · Grant Income | 50,000.00 | |
| 49000 · Fundraising Income | | |
| 49600 · FR - Clay Shoot | 40,000,00 | 40,000,00 |
| 49610 · Teams | 12,000.00 | 18,000.00 |
| 49620 · Raffle Tickets | 5,000.00 | 5,000.00 |
| 49630 · Golf Carts/Pull Carts | 0.00 | 1,000.00 |
| 49635 · Sponsors | 15,000.00 | 35,000.00 |
| 49638 · Sponsors - In Kind | 0.00 | 10,000.00 |
| 49640 · Donations | | |
| 49650 · Other Income | 0.00 | |
| Total 49600 · FR - Clay Shoot | 32,000.00 | 69,000.00 |
| Total Income | 2,162,688.41 | 2,279,800.00 |
| Cost of Goods Sold | | |
| 50000 · Bargain Center Expenses | | |
| 50100 · BC Goods For Resale | 100.00 | |
| 50150 · BC Cash Over/Short | 150.00 | |
| 50250 · BC Merchant Fees | 4,000.00 | 8,500.00 |
| 50300 · BC Equipment Rental | | |
| 50310 · BC Other Expenses | 3,000.00 | |
| 50375 · BC Direct Wages | 175,000.00 | 180,000.00 |
| 50450 · BC Supplies | 4,000.00 | 4,000.00 |
| 50560 · BC Temporary Labor | 0.00 | |
| 50750 · BC Vehicle Operating Expenses | | 2,000.00 |
| 50780 · BC Vendor Sales Proceeds | 0.00 | |
| Total 50000 · Bargain Center Expenses | 186,250.00 | 194,500.00 |
| 51000 · ELC Expenses | | |
| 51050 · ELC Child Education Supplies | 7,000.00 | 7,000.00 |
| 51250 · ELC Merchant Account Expense | 7,000.00 | 19,000.00 |
| 51300 · ELC Equipment Rental | 1,543.23 | |
| 51375 · ELC Direct Wages | 800,000.00 | 900,000.00 |
| 51450 · ELC Supplies | 10,150.27 | 10,000.00 |
| 51560 · ELC Temporary Labor | 0.00 | |
| 51570 · ELC Professional Development | 800.00 | 800.00 |
| 51700 · ELC Other Expenses | 9,000.00 | 9,000.00 |
| Total 51000 · ELC Expenses | 835,493.50 | 945,800.00 |
| 52000 · Charis House Program Expenses | | |
| 52001 · CH Controllable Expenses | | |
| 52110 · CH Educational Materials | 1,758.44 | 3,000.00 |
| 52130 · CH Food & Supplies | 20,436.00 | 20,500.00 |
| 52140 · CH Medical | 1,099.92 | 1,100.00 |
| 52190 · CH Vehicle Operating Expense | | 2,000.00 |
| Total 52001 · CH Controllable Expenses | 23,294.36 | 26,600.00 |
| | | , |

| | 22-23 Budget | 23-24 Budget |
|---|---------------|--------------|
| 52401 · CH Ancillary Costs | | |
| 52410 · CH Direct Wages | 202,678.00 | 200,000.00 |
| 52410 CH Utilities | 15,500.00 | 15,500.00 |
| 52450 · CH Merchant Fees | 60.00 | 60.00 |
| 52460 · CH Event Expenses | 1,881.12 | 2,000.00 |
| 52480 · CH Specific Individual Assist | 99.96 | 250.00 |
| 52401 · CH Ancillary Costs - Other | 35.53 | |
| | 220,219.08 | 217,810.00 |
| Total 52401 · CH Ancillary Costs | 243,513.44 | 244,410.00 |
| Total 52000 · Charis House Program Expenses | 243,313.44 | 244,410.00 |
| 53000 · THCH Program Expenses | | |
| 53050 · THCH Financial Assistance | 40 440 00 | 25 000 00 |
| 53100 · Housing Assistance | 16,443.60 | 25,000.00 |
| 53200 · Utility Assistance | 9,600.00 | 25,000.00 |
| 53300 · Keep the Lights On | 00 000 00 | 35 000 00 |
| 53325 · KTLO - OBC | 36,999.96 | 35,000.00 |
| 53350 · KTLO - MVO | 12,000.00 | |
| Total 53300 · Keep the Lights On | 48,999.96 | 35,000.00 |
| Total 53050 · THCH Financial Assistance | 75,043.56 | 85,000.00 |
| 53075 · THCH Adopt-a-Family | | |
| 53310 · THCH Other Expenses | 300.00 | 300.00 |
| 53375 · THCH Direct Wages | 62,552.00 | 76,000.00 |
| 53450 · THCH Supplies | 3,000.00 | 1,200.00 |
| 53475 · Specific Assistance - Individ | 100.00 | |
| 53500 · Transportation Assistance | 900.00 | 1,200.00 |
| 53600 · Food Pantry | | |
| 53650 · FP Purchases | 10,000.00 | 30,000.00 |
| 53675 · FP Donations | 0.00 | |
| 53600 · Food Pantry - Other | | |
| Total 53600 · Food Pantry | 10,000.00 | 30,000.00 |
| 53900 · Assistance to Other Programs | | |
| 53950 · Bay Area Food Bank/Bkpk | 0.00 | |
| Total 53900 · Assistance to Other Programs | 0.00 | |
| Total 53000 · THCH Program Expenses | 151,895.56 | 193,700.00 |
| 54000 · MEW/Jail Ministry | | |
| 54100 · MEW Program Expenses | | |
| 54200 · MEW Security | 5,000.00 | |
| 54310 · MEW Other Expenses | 1,000.00 | |
| 54375 · MEW Direct Wages | 17,454.95 | 18,500.00 |
| 54400 · MEW Specific Individual Assist | 750.00 | |
| 54450 · MEW Supplies & Class Materials | 1,250.00 | 1,250.00 |
| Total 54100 · MEW Program Expenses | 25,454.95 | 19,750.00 |
| 55100 · Jail Program Expenses | , | , |
| 55375 · Jail Direct Wages | 17,454.95 | 18,500.00 |
| 55800 · Jail Event Expenses | 3,000.00 | |
| | 20,454.95 | 18,500.00 |
| Total 55100 · Jail Program Expenses | 20,404.30 | 10,500.00 |

| | 22-23 Budget | 23-24 Budget |
|---|--------------|--------------|
| Total 54000 · MEW/Jail Ministry | 45,909.90 | 38,250.00 |
| Total COGS | 1,463,062.40 | 1,616,600.00 |
| Gross Profit | 699,626.01 | 663,140.00 |
| Expense | , | • |
| 56000 · Special Projects (Unbudgeted) | | |
| 56055 · CH Parking Lot | 0.00 | |
| 56100 · 8242 Whitmire (CH3 Esther) | 0.00 | |
| 56250 · 1716 Olive Rd New Office | 0.00 | |
| 56275 · ELC Prior Year Water | 0.00 | |
| 56300 · Unbudgeted Building Repairs | 0.00 | |
| 56400 · ELC Soundproofing Materials | 0.00 | |
| 56450 · Hazard/Fraud Loss | 0.00 | |
| Total 56000 · Special Projects (Unbudgeted) | 0.00 | |
| 56500 · Special Projects - Budgeted | | |
| 56520 · CH1 Subflooring Repair | 6,000.00 | |
| 56590 · Reserves-Repairs, Maint, Other | 24,996.00 | |
| Total 56500 · Special Projects - Budgeted | 30,996.00 | |
| 60000 · Personnel Expenses | | |
| 60100 - Payroll Expenses | | |
| 60140 Salaries & Wages - Admin | 58,998.52 | 72,000.00 |
| Total 60100 · Payroll Expenses | 58,998.52 | 72,000.00 |
| 60400 · Employee Fringe Benefits | | |
| 60410 · Health Insurance Expense | 3,500.00 | 3,500.00 |
| 60420 · EE Insurance Benefits | 15,413.76 | 18,000.00 |
| 60450 · Employer Annuity Contribution | 35,746.56 | 35,000.00 |
| 60470 · Drug Testing | 1,500.00 | 1,000.00 |
| 60500 · PR/Workers Comp Fees | 1,500.00 | 750.00 |
| 60600 · EPLI | | 1,800.00 |
| 60800 · Time Clock Fee | | 2,500.00 |
| 60900 · Bonuses | 100.00 | |
| Total 60400 · Employee Fringe Benefits | 57,760.32 | 62,550.00 |
| Total 60000 · Personnel Expenses | 116,758.84 | 134,550.00 |
| 65000 · Fundraising Expenses | | |
| 65170 · FR Advertising | 0.00 | 1000 |
| 65250 · FR Merchant Fees | 0.00 | 750 |
| 65300 · Facility Fees | 0.00 | 8000 |
| 65450 · Fundraising Supplies | 0.00 | 7500 |
| 65500 · General Liability Insurance | 0.00 | |
| 65550 · Prizes and Supplies - In Kind | 0.00 | 2500 |
| 65600 · Fundraising Other Expenses | 0.00 | 5000 |
| 65900 · Fundraising Professional Svs | 0.00 | 250 |
| Total 65000 · Fundraising Expenses | 0.00 | 25,000.00 |
| 70000 · Admin Office Operations | | |
| 70100 · Advertising Expense | 25,720.00 | 25,000.00 |
| 70120 · Bank Fees | 1,000.00 | 1,800.00 |
| | | n |

| | 22-23 Budget | 23-24 Budget |
|---|--------------|--------------|
| Total 70000 · Admin Office Operations | | 26,800.00 |
| 70300 · Contracted Services | | |
| 70305 · Accounting Fees | 20,000.00 | 15,000.00 |
| 70330 · Professional Services | 0.00 | 6,500.00 |
| 70300 · Contracted Services - Other | 0.00 | |
| Total 70300 · Contracted Services | 20,000.00 | 21,500.00 |
| 70430 · Dues and Subscriptions | 360.00 | |
| 70440 · Interest Expense | 62,455.55 | 57,000.00 |
| 70460 · Insurance Expense | | |
| 70461 · Insurance - Auto | 5,700.00 | 5,000.00 |
| 70463 · Insurance - Property & GL | 61,500.00 | 40,000.00 |
| 70465 · Insurance - General Liability | 10,000.00 | 15,000.00 |
| Total 70460 · Insurance Expense | 77,200.00 | 60,000.00 |
| 70480 · Professional Development | 241.92 | 250.00 |
| 70500 · Lunch-Dinner Meeting | 1,055.89 | 2,000.00 |
| 70520 · Membership Dues - Org | 424.00 | 3,500.00 |
| 70540 · Postage Expense | 712.60 | 500.00 |
| 70560 · Printing Expense | 4,870.24 | 9,000.00 |
| 70580 · Office Supplies & Expenses | 4,905.96 | 3,500.00 |
| Total 70000 · Admin Office Operations | 12,210.61 | 18,750.00 |
| 70600 · Other Expenses | | |
| 70620 · Reconciliation Discrepancies | | |
| 70660 · Travel & Meetings | | 2,000.00 |
| 70661 · Auto Reimbursement | 2,401.55 | 3,500.00 |
| 70660 · Travel & Meetings - Other | 1,971.00 | 2,500.00 |
| Total 70660 · Travel & Meetings | 4,372.55 | 8,000.00 |
| 70680 · Organizational (Corp.) Expenses | 796.17 | |
| 70800 · Volunteer/Staff Appreciation | 1,124.12 | 1,500.00 |
| Total 70000 · Admin Office Operations | 217,449.61 | 193,550.00 |
| 80000 · Facility & Equipment Expense | | |
| 80100 · Rent, Parking, Other Occupancy | 75,000.00 | 65,000.00 |
| 80120 · Donated In-Kind Office Rental | 0.00 | |
| 80400 · Repairs & Maintenance | 11,000.05 | 25,000.00 |
| 80500 · Technology | 8,807.16 | 7,500.00 |
| 80600 · Utilities | | |
| 80620 · Electricity & Gas | 24,956.22 | 25,000.00 |
| 80630 · Water,Garbage & Sewer | 12,600.42 | 19,000.00 |
| 80650 · Security | 6,286.41 | 5,000.00 |
| 80655 · Telephone Expense | 12,603.19 | 9,000.00 |
| 80660 · Cable/Internet/Phone | 5,536.10 | 5,500.00 |
| 80670 · Pest Control | 3,000.00 | 3,200.00 |
| Total 80600 · Utilities | 159,788.00 | 164,200.00 |
| 80700 · Taxes & Licenses | 3,243.98 | 3,200.00 |
| 80900 · Vehicle | 4 000 00 | |
| 80920 · Vehicle Repairs | 4,800.00 | |
| 80940 · Vehicle Operating Exp. | 6,000.00 | |

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| | 22-23 Budget | 23-24 Budget |
|---|--------------|--------------|
| Total 80900 · Vehicle | 10,800.00 | |
| Total 80000 · Facility & Equipment Expense | 173,833.53 | 167,400.00 |
| 82652 · Furniture & Equipment | | |
| 88800 · Transfers of Designated Funds | | |
| 88200 · Transfer To Designated | 0.00 | |
| 88300 · Transfer from Designated | 0.00 | |
| Total 88800 · Transfers of Designated Funds | 0.00 | |
| Total Expense | 526,827.37 | 520,500.00 |
| Net Ordinary Income | 172,798.64 | 142,640.00 |
| Other Income/Expense | | |

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: OCT 2 3 2008

MINISTRY VILLAGE AT OLIVE INC 1836 E OLIVE RD PENSACOLA, FL 32514

Employer Identification Number: 26-2795365 DLN: 17053224312018 Contact Person: ZENIA LUK ID# 31522 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: Yes Effective Date of Exemption: May 20, 2008 Contribution Deductibility: Yes Addendum Applies:

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

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Form W-9
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

| | Name (as shown on your income tax return). Name is required on this line; do Ministry Village at Olive | not leave this line blank. | | | | | | | | | |
|--|---|---|---|---------------|----------|------------------|-----------------|---------------|----------------|-------------|-----------------|
| | 2 Business name/disregarded entity name, if different from above | | | | | | | | | | |
| on page 3. | 3 Check appropriate box for federal tax classification of the person whose name following seven boxes. C Corporation S Corporation | cer | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): | | | | | | | | |
| pe. | single-member LLC | | | | Exe | mpt p | ayee | code | (if a | ny) | |
| Print or type. Specific Instructions on | Limited liability company, Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. | | | | | | | | | repo | rting |
| ij. | Other (see instructions) | | | | (Арр | lies to a | ccounts | mainta | ained (| outside | the U.S.) |
| Spo | 5 Address (number, street, and apt. or suite no.) See instructions. | | Requester's | nam | e and a | ddres | s (op | tiona | l) | | |
| See | 1716 E Olive Rd | | | | | | | | | | |
| (I) | 6 City, state, and ZIP code | | | | | | | | | | |
| | Pensacola, Fl 32514 | | | | | | | | | | |
| | 7 List account number(s) here (optional) | | | | | | | | | | |
| | | | | | | | | | | | |
| Par | t I Taxpayer Identification Number (TIN) | | | | | | | | | | |
| backu | your TIN in the appropriate box. The TIN provided must match the nam p withholding. For individuals, this is generally your social security num int alien, sole proprietor, or disregarded entity, see the instructions for F | ber (SSN). However, f art I, later. For other | or a | ocial s | security | - num | nber | - | | | |
| entitie | s, it is your employer identification number (EIN). If you do not have a nater | umber, see How to ge | a Lor | | | - | - | ı | _ | _ | |
| - | If the account is in more than one name, see the instructions for line 1. | Also see What Name | 1 = | nploy | er iden | tifica | tion n | umb | er | | |
| | er To Give the Requester for guidelines on whose number to enter. | | 2 | 6 | _ 2 | 7 | 9 | 5 | 3 | 6 | 5 |
| Par | II Certification | | | _ | | | | | | _ | |
| | penalties of perjury, I certify that: | | | | | | | | | | |
| 2. I am Ser | e number shown on this form is my correct taxpayer identification numb n not subject to backup withholding because: (a) I am exempt from bac vice (IRS) that I am subject to backup withholding as a result of a failure longer subject to backup withholding; and | kup withholding, or (b |) I have not | beer | notifi | ed by | the / | Inter | rnal ed n | Reve | enue at I am |
| 3. I an | n a U.S. citizen or other U.S. person (defined below); and | | | | | | | | | | |
| | FATCA code(s) entered on this form (if any) indicating that I am exemp | | | | | | | | | | |
| you ha | ication instructions. You must cross out item 2 above if you have been no ave failed to report all interest and dividends on your tax return. For real estabilition or abandonment of secured property, cancellation of debt, contribution than interest and dividends, you are not required to sign the certification, but | ate transactions, item 2 ons to an individual reti | 2 does not a rement arrar | pply. igem | For mo | ortgag A), an | ge int d ger | eres neral | t pai ly, p | id, ayme | ents |
| Sign Here | | | Date ► 9-1 | 0-2 | 4 | | | | | | |
| | | | | | | | | | | | |

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
 Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later

Form **8453-TE**

Tax Exempt Entity Declaration and Signature for Electronic Filing

For calendar year 2021, or tax year beginning 04/01/21, and ending 03/31/22

Department of the Treasury Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CF ► Go to www.irs.gov/Form8453TE for the latest information.

2021

OMB No. 1545-0047

| Name of file | er | | | [E | EIN or SSN |
|--|--|---|--|--|---|
| MINIT | STRY VILLAGE AT | OLIVE INC | | | 26-2795365 |
| Part I | Type of Return and | | | | 20 2195505 |
| Check the and Form 6a, 7a, 8a 6b, 7b, 8b below, Do | box for the type of return being 5330 filers may enter dollars ar, 9a, or 10a below, and the amo, 9b, or 10b, whichever is applied not complete more than one is | g filed with Form 8453-TE; nd cents. For all other form ount on that line of the retu icable, blank (do not enter ne in Part I. | and enter the applicable amous, enter whole dollars only. It is not the property of the proper | f you check the bo was blank, then lea e return, then ente | ox on line 1a, 2a, 3a, 4a, 5a, ave line 1b, 2b, 3b, 4b, 5b, r -0- on the applicable line |
| | 1 990-EZ check here | b Total revenue, if | any (Form 990-EZ, line 9 | \ \ | |
| | 1 1120-POL check here | b Total tax (Form | | | |
| | 1 990-PF check here | h Tay based on in | vestment income (Form | 990-PF Part V | line 5) 4b |
| | 8868 check here | h Balance due (Fo | orm 8868, line 3c) | 00011,1410, | 5b |
| | 990-T check here ▶ | b Total tax (Form 9 | 990-T, Part III, line 4) | ****** | 6b |
| | 4720 check here ▶ | b Total tax (Form 4 | 4720, Part III, line 1) | F-12 (F- | 7b |
| | 5227 check here | | | | 8b |
| | 5330 check here | b Tax due (Form 5 | 330, Part II, line 19) | 221, 10111 27 | 9b |
| | 8038-CP check here | | | | ine 22) 10b |
| Part II | | er or Person Subject | | | |
| co I a inf If a ex 99 Under per (name of e and that I | deral taxes owed on this return, ntact the U.S. Treasury Financialso authorize the financial instit formation necessary to answer a copy of this return is being file ecuted the electronic disclosure 10-PF (as specifically identified inalties of perjury, I declare that entity) have examined a copy of the 2 and belief, they are true, corre | ial Agent at 1-888-353-453 utions involved in the procinquiries and resolve issued with a state agency(ies) e consent contained within in Part I above) to the selection I am an officer of the a | accompanying schedules and | ays prior to the payer of the IRS Fed/State by the IRS of the IRS | yment (settlement) date. ceive confidential te program, I certify that I is Form 990/990-EZ/ ject to tax with respect to IN) to the best of my |
| to the IRS | etronic return. I consent to allow and to receive from the IRS (a rocessing the return or refund, a |) an acknowledgement of | receipt or reason for rejection und. | ronic return origina n of the transmission ECUTIVE D | on, (b) the reason for any |
| Here | Signature of officer or per | son subject to tax | | applicable | |
| Part III | | | ator (ERO) and Paid I | | in about the part |
| I declare t I am only a The entity be filed wi Informatio have exam | hat I have reviewed the above a collector, I am not responsible officer or person subject to tax th the IRS to the officer or person for Authorized IRS e-file Provinined the above return and accord complete. This Paid Prepare | return and that the entries e for reviewing the return a will have signed this form on subject to tax, and have iders for Business Returns ompanying schedules and | on Form 8453-TE are complind only declare that this forn before I submit the return. I ve followed all other requiremes. If I am also the Paid Prepa statements, and, to the best | ete and correct to n accurately reflect will give a copy of ents in Pub. 4163, rer, under penaltie of my knowledge | the best of my knowledge. If ts the data on the return. all forms and information to Modernized e-File (MeF) so of perjury I declare that I |
| ERO's | ERO's | | Date | also paid 🔽 sel | eck if ERO's SSN or PTIN |
| | signature JOSHUA C. DUR Firm's name (or yours if DIIR | | 1 D 7 | preparer 🔼 em | ployed P00436839 |
| Use Only | self-employed), | ST JORDAN CPA 9-B HIGHWAY | | 2571 | EIN 45-0529207 Phone no. 850-995-5000 |
| Under per | | I have examined the above | e return and accompanying s | chedules and stat | ements, and, to the best of my knowledge |
| | Print/Type preparer's name | | r's signature | Date | Check if PTIN |
| Paid | | | | | self- employed |
| Preparer | Eirm's name | | | | Firm's EIN |
| Use Only | Firm's address | | | | Phone no. |
| | | | | | |

Form 990

Department of the Treasury

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.

2021 Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. For the 2021 calendar year, or tax year beginning 04/01/21, and ending 03/31/22C Name of organization D Employer identification number Check if applicable: Address change MINISTRY VILLAGE AT OLIVE, INC. Doing business as 26-2795365 Name change Number and street (or P.O. box if mail is not delivered to street address Initial return 1716 E OLIVE ROAD 850-475-1106 Final return/ Cily or town, state or province, country, and ZIP or foreign postal code terminated 2,230,128 G Gross receipts\$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates Application pending DRAYTON SMITH 1716 E OLIVE ROAD H(b) Are all subordinates included? PENSACOLA If "No." attach a list. See instructions 32514 X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or WWW.MINISTRYVILLAGE H(c) Group exemption number Form of organization: X Corporation Trust Association Year of formation: 2008 M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities: Governance TO INCREASE ACCESS TO PEOPLE DEALING WITH UNDER-SERVED COMMUNITY NEEDS INCLUDING EMOTIONAL, FINANCIAL, MENTAL, PHYSICAL, SPIRITUAL, AND VOCATIONAL. 2 Check this box ▶ 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) Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 15 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 73 5 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 0 Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 980, 438 9 Program service revenue (Part VIII, line 2g) 197 96 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 521 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 343 868 409 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 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) 146,247 94 **16a**Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 716,749 014, 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 253,087 034,201 19 Revenue less expenses. Subtract line 18 from line 12 90,781 181,208 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 2,595,692 613, 21 Total liabilities (Part X, line 26) 647, 914 519, 22 Net assets or fund balances. Subtract line 21 from line 20 094.46 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. Sian Signature of officer Here DRAYTON SMITH EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Paid JOSHUA C. DURST P00436839 Preparer DURST JORDAN CPA PA Firm's name 45-0529207 Firm's EIN **Use Only** 4459-B HIGHWAY

MILTON, FL

May the IRS discuss this return with the preparer shown above? See instructions

32571

850-995-5000

X Yes

| Form 990 (2021) | MINISTRY VILL | AGE AT OLIVE, INC | C. 26-2795365 | Page 2 |
|--|---|--|--|--|
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Part IV Checklist of Required Schedules

| | | | Yes | No |
|--------|--|----------|-----|----------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Χ | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | $\overline{}$ |
| | candidates for public office? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | -23 |
| | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | 2000 |
| | complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | 12.2 |
| 40 | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 40 | | 37 |
| 11 | or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | 10 | | X |
| •• | VII, VIII, IX, or X, as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | Х | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more | | | \Box |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 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? If "Yes," complete Schedule D, Part IX | 11d | | X |
| e f | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| ' | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | Х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 7.11 | | Δ |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | \vdash |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | 17. |
| 46 | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 46 | | \ _V |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | 16 | | X_ |
| • • | Part IV column (A) lines 6 and 11c2 /f "Ven " complete Schodule C. Part I See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | <u> </u> | | 1 |
| - | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| 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? If "Yes," complete Schedule I, Parts I and II | 21 | | X |

| | art IV Checklist of Required Schedules (continued) | | 130 | age ¬ |
|------|--|--------------|-----|---------------|
| 1 0 | TETY OFFICE OF REQUIRE OFFICE OFFICE OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Χ | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | Χ |
| 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 | 1 1 | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 0.4 (6.) | | |
| · | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | (4) (4) Z-TG | _ | |
| 25a | | 25a | | Х |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | _ | Δ |
| 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? | 054 | | 1 |
| | If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | ٠, |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | | |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | |
| | persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, | | | |
| | Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28Ь | | Χ |
| С | 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 | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Χ | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | .72: 1 | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | 5.00 | | |
| | complete Schedule N. Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 013 | | |
| | sections 301,7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | 202 | | |
| • | or IV. and Part V. line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | 202 | | |
| - | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | $\overline{}$ |
| - | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| 31 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 20 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | | _ | Δ |
| 38 | · · · · · · · · · · · · · · · · · · · | 38 | Х | |
| - Do | 19? Note: All Form 990 filers are required to complete Schedule O. | 30 | Λ | _ |
| Pa | art V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| _ | Check if Schedule O contains a response or note to any line in this Part V | | Ven | No |
| _ | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | Yes | No |
| 1a | | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | 37 |
| | reportable gaming (gambling) winnings to prize winners? | 1c | 000 | X |
| DAA | | Form | 990 | (202 |

| orm | 1990 (2021) MINISTRY VILLAGE AT OLIVE, INC. 26-2795365 | | Pa | <u>age 5</u> |
|--------|--|-----|-------|--|
| Pa | irt 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 73 | | 50.00 | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Χ | _ |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | | 576 |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| Ь | 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, | | | 322 |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| _ | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| 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 | | 1 | |
| _ | gifts were not tax deductible? | 6b | | _ |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | - | - |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | - |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | _ | | |
| _ | required to file Form 8282? | 7c | | - |
| 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 | | - |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | \vdash |
| g h | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7g | | |
| 8 | · · · · · · · · · · · · · · · · · · · | 7h | | - |
| U | 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. | l-° | | - |
| а | 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: | 30 | | _ |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | 1 | | |
| 11 | Section 501(c)(12) organizations. Enter: | 1 | | |
| a | Cross income from members or shareholders | | | |
| h | Gross income from other sources. (Do not net amounts due or paid to other sources | 1 | | |
| - | against amounts due or received from them) | | | |
| 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. | 1 | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| 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 | | | |
| С | Catality assembly for a second of the second | 1 | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| 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 | | | |
| - | avecas personal to personal/a) during the year? | 15 | | X |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | 1,, |
| 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. | | | 1 |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in | | | 1 |
| - | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes," complete Form 6069. | '' | | |

Form **990** (2021)

Form 990 (2021) MINISTRY VILLAGE AT OLIVE, INC. 26-2795365 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Χ Each committee with authority to act on behalf of the governing body? 8b 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. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? 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 | Χ | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | X |
| С | 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? | | | |
| а | 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

- List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 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 X Upon request Other (explain on Schedule O)
- 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.
- State the name, address, and telephone number of the person who possesses the organization's books and records

DRAYTON SMITH 1716 E OLIVE ROAD

32514 PENSACOLA

850-475-1106

Form 990 (2021) MINISTRY VILLAGE AT OLIVE, INC.

26-2795365

Page **7**

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

| Check this box if neither the org | ganization nor a | ny r | elate | ed or | gan | izatio | on c | ompensated any current of | officer, director, or trustee | |
|---------------------------------------|-------------------------------------|---|-----------------------|---------|--------------|---------------------------------|--------|---|--|---|
| (A) Name and title | (B) Average hours per week | Average box, unless person is both an officer and a director/trustee) | | | | | an | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | from the organization and related organizations |
| (1) JEREMY PORTMANN PREVIOUS DIRECTOR | 40.00 | | | X | | | | 27,923 | 0 | 0 |
| (2) DRAYTON SMITH EXECUTIVE DIRECTOR | 40.00 | | | X | | | | 17,794 | 0 | 0 |
| (3) PATRICIA CLAY | 0.00 | X | | | | | | 0 | 0 | 0 |
| (4) KATHY CLEMENTS DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (5) CLIFF COLLEY DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (6) JARED GANN DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (7) JIM HARRIS | 0.00 | X | | | | | | 0 | 0 | 0 |
| (8) KEITH HARROD | 0.00 | X | | | | | | 0 | 0 | 0 |
| (9) CLINT HOLMES | 0.00 | X | | | | | | 0 | 0 | 0 |
| (10)BOBBY PRICE, JR | | X | | | | | | 0 | 0 | 0 |
| (11) TERREL KELLY DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |

| 2 | 6 | -2 | 7 | α | 5 | 2 | 6 | 口 |
|----|-----|------|---|----------|---|-----|--------|--------|
| /. | () | _ /. | / | -) | | .) | \cup | \cup |

| Part VII Section A. Officer | s, Directors, 1 | rust | ees, | Key | Em | ploy | ees | , and Hignest Compens | ated Employees (contin | uea) |
|---|---|--------------------------------|-----------------------|----------------------------------|-----------------|---------------------------------|--------------|---|--|---|
| (A) Name and title | (B) Average hours per week | box | k, unle | Pos check ess pe nd a d | rson lirecto | than o | ee) | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | from the organization and related organizations |
| (12) DR LARRY MOR | 0.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | L | | | | 0 | 0 | 0 |
| (13) DR. STEPHEN DIRECTOR | NEWSOME 0.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (14) TONYA PORTMA | | | | Н | | | | 0 | 9 | |
| DIRECTOR | 0.00 | Х | | | | | | 0 | 0 | 0 |
| (15) JAIME PRINCI | | | | | | | | | | |
| DIRECTOR (16) JUSTIN TYNER | 0.00 | X | | | | | | 0 | 0 | 0 |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (17) MITCH WHITE | 0.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | - | | 0 | 0 | 0 |
| | 1,0,00000000000000000000000000000000000 | | | | | | | | | |
| | | | | | | | | | | |
| 1b Subtotal | 110000000000000000000000000000000000000 | 01015 | | 00000 | | | | 45,717 | | |
| c Total from continuation sh | | l, Se | ctio | n A | 0.000 | 200 | | 45,717 | | |
| d Total (add lines 1b and 1c) Total number of individuals (reportable compensation fro | including but no | | | to th | ose | liste | d at | | than \$100,000 of | I Van I Na |
| 3 Did the organization list any employee on line 1a? If "Yes | former officer, | direc | tor, | trust | ee, | key e | emp | loyee, or highest compen | sated | yes No |
| 4 For any individual listed on li organization and related org | ine 1a, is the su | m of | rep | ortat | ole c | omp | ensa | ation and other compensa | ation from the or such | 4 X |
| individual 5 Did any person listed on line for services rendered to the | a 1a receive or a | ccru | e co | mpe | nsa | tion i | from | any unrelated organization | on or individual | 5 X |
| Section B. Independent Contrac | tors | | | | | | | | 12400-12014-1211-1211-1211-1211-1211-121 | |
| Complete this table for your compensation from the organical compensation. | nization. Report | npen con | sate | ed ind | depe | ende or the | nt co cal | lendar year ending with or | nore than \$100,000 of within the organization's (B) of services | tax year. (C) Compensation |
| Name an | (A) d business address | | | | | | | Descri | otiòn of services | Compensation |
| 9 | | | | | | | l | | | |
| 0 | | | | | | | | | | |
| 8 | | | | | | | | | | |
| | | | | | | | | | | |
| Total number of independen received more than \$100,00 | t contractors (in 0 of compensat | clud ion f | ing b | out n | ot lii orga | nited nizal | to tion | those listed above) who | 0 | 900 |

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (D) Revenue excluded (B) Related or exempt (C) Unrelated function revenue business revenue from tax under sections 512-514 Gifts, Grants ilar Amounts 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c 34,350 d Related organizations 1d Contributions, and Other Simi e Government grants (contributions) 1e f All other contributions, gifts, grants, 1f 946,088 and similar amounts not included above g Noncash contributions included in lines 1a-1f 164,616 1a 980,438 h Total. Add lines 1a-1f Business Code Program Service Revenue EARLY LEARNING CENTER 453310 856,103 856,103 61160 b BC SALES 334,609 334,609 623990 6,616 6,616 CHARIS HOUSE PARTICIP. f All other program service revenue g Total. Add lines 2a-2f 1,197,328 3 Investment income (including dividends, interest, and 24 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents 6a b Less: rental expenses 6b c Rental inc. or (loss) 6c d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory Other Revenue **b** Less: cost or other basis and sales exps. 7b 7c c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ 34,350 of contributions reported on line 1c). See Part IV, line 18 8a 43,383 719 **b** Less: direct expenses 8b c Net income or (loss) from fundraising events 28,664 9a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses ▶ c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a 10b b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** scellaneous Revenue 900099 8,955 8,955 11a MISCELLANEOUS INCOME b d All other revenue 8,955 e Total. Add lines 11a-11d 215,409 Total revenue. See instructions 206.

26-2795365

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 (B) Program service (C) Management and (A) Total expenses (D) Do not include amounts reported on lines 6b. 7b. Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 48,558 48,558 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 Compensation of current officers, directors, 25,145 45,717 20,572 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) 18.777 223,177 204,400 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (nonemployees): 11 a Management **b** Legal 14,000 14,000 c Accounting Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column 22,247 26,837 ,629 (A) amount, list line 11g expenses on Schedule O.) 24,673 12 Advertising and promotion 1.083 08 Office expenses Information technology 14 15 Royalties 140,426 11,452 151,878 Occupancy 16 29,288 41,306 12,018 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings 58,513 58,513 Interest 20 Payments to affiliates 21 995 356 139,351 Depreciation, depletion, and amortization 22 40,364 23 Insurance 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.) 89,096 468 89,564 FOOD 4,905 54,195 SUPPLIES AND PRINTING 59,100 VENDOR SALES PROCEEDS 38.512 38,512 12,734 10,138 596 MISCELLANEOUS 343 9,032 12,645 666 e All other expenses 194,575 .034,201 837,879 747 Total functional expenses. Add lines 1 through 24e 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)

| | | | | (A) Beginning of year | | (B) End of year |
|---|--|-----------------------|--|--------------------------|-----------|-----------------------|
| 1 | Cash—non-interest-bearing | | oles | 423 | 1 | 622 |
| 2 | Savings and temporary cash investments | | | 233,639 | 2 | 247,209 |
| 3 | | | | | 3 | |
| 4 | Accounts receivable, not | | | 2,787 | 4 | 16,638 |
| 5 | | | | | | |
| | trustee, key employee, creator or founder, substan | tial contribute | or, or 35% | | | |
| | controlled entity or family member of any of these p | persons | | | 5 | |
| 6 | | | | | | |
| SIS | under section 4958(f)(1)), and persons described in | n section 495 | 58(c)(3)(B) | | 6 | |
| Assets | Notes and loans receivable, net | | | | 7 | |
| ⋖ 8 | | | | | 8 | |
| 9 | The state of the s | | | 8,436 | 9 | 5,500 |
| 10 | a Land, buildings, and equipment: cost or other | | | | | |
| | basis. Complete Part VI of Schedule D | | 3,130,202 | | | |
| - 1 | b Less: accumulated depreciation | 10b | 786,382 | 2,341,953 | | 2,343,820 |
| 11 | | | , | | 11 | |
| 12 | | ******* | | | 12 | |
| 13 | 1 3 | ********** | | | 13 | |
| 14 | | | | 0.454 | 14 | |
| 15 | | | | 8,454 | 15 | 0 610 700 |
| 16 | | | 2,595,692 | 16 | 2,613,789 | |
| 17 | 9247149144 | | | 14,129 | 17 | 57,599 |
| 18 19 | 000 000 -000 | | | 53,486 | 18 | 6,709 |
| 20 | Tour content to a difficulty of the content of the | | | 33,400 | 20 | 0,709 |
| 21 | | | tule D | | 21 | |
| - 1 | Loans and other payables to any current or former | | | | | |
| Liabilities | trustee, key employee, creator or founder, substan | | | | | |
| <u> </u> | controlled entity or family member of any of these | | 01, 01 00 70 | | 22 | |
| ສັ∣ ₂₃ | | | | 1,555,206 | 23 | 1,455,016 |
| 24 | | | Committee and a second committee of the second committ | 1,000,100 | 24 | |
| 25 | | | | | | |
| | parties, and other liabilities not included on lines 1 | | | | | |
| | of Schedule D | | YOUR TO THE TOTAL THE TOTA | 25,093 | 25 | |
| 26 | Total liabilities. Add lines 17 through 25 | ********* | | 1,647,914 | 26 | 1,519,324 |
| υ l | Organizations that follow FASB ASC 958, chec | k here X | | | | |
| ဍ | and complete lines 27, 28, 32, and 33. | | | | | |
| <u>e</u> 27 | Net assets without donor restrictions | ********** | PROPERTY OF THE PROPERTY OF TH | 864,763 | 27 | 1,046,639 |
| m 28 | | 10.000.000.000.000.00 | 2000- <u>51-</u> 30000000000000000 | 83,015 | 28 | 47,826 |
| <u> </u> | Organizations that do not follow FASB ASC 95 | B, check her | re ▶ | | | |
| 느 | and complete lines 29 through 33. | | | | | |
| ပ္ဆ 29 | 180408 | | +0.00F0.00F1.00F0.00T0.40F1.00F | | 29 | |
| မ္ဟု 30 | | | nucericum in accorda | | 30 | |
| Net Assets or Fund Balances 82 83 83 83 84 85 85 86 86 87 87 88 | | me, or other | funds | | 31 | 75-02-01E-1 02-1-1-02 |
| 호 32 | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | xxxxxxxxxxxxxx | 947,778 | 32 | 1,094,465 |
| _ 33 | Total liabilities and net assets/fund balances | | | 2,595,692 | 33 | 2,613,789 |

Form **990** (2021)

| Forn | 1990 (2021) MINISTRY VILLAGE AT OLIVE, INC. 26-2795365 | | | Pag | ge 12 | | | | |
|-------------------------|---|--------------|--------------------|-------|--------------|--|--|--|--|
| | rt XI Reconciliation of Net Assets | | | | 7 | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | THE REAL PROPERTY. | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,21 | | | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,03 | 34, | 201 | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 18 | 11, | 208 | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 94 | 7, | 778 | | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | | | | |
| 6 | Donated services and use of facilities | 6 | -9 | 7, | 394 | | | | |
| 7 Investment expenses 7 | | | | | | | | | |
| 8 | Prior period adjustments | 8 | (| 52, | 873 | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | | | | |
| | 32, column (B)) | 10 | 1,09 | 14, | <u>465</u> | | | | |
| Pa | rt XII Financial Statements and Reporting | | | | - | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | | | | |
| | | | | Yes | No | | | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other 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? | | 2a | | X | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 0000000000 | 2b | Χ | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | | |
| С | 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? | 1551711.5731 | 2c | | X | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | | | | | | |
| | Schedule O. | | | | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | | | | |
| | Single Audit Act and OMB Circular A-133? | | 3a | | - | | | | |
| 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 | | 3b | 0.01 | | | | | |
| | | | Forn | 1 990 | (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

Schedule A (Form 990) 2021

Open to Public Inspection

| Maille | יוו נוו | e organization | | | _99595 | | | tincation number | | | | | |
|--------|---|--|----------------------------------|---|--------------|---------------------|--------------------------------|----------------------|--|--|--|--|--|
| _ | | | | LLAGE AT OLIVE | | | 26-279 | | | | | | |
| | art I | | | Status. (All organizati | | | | uctions. | | | | | |
| The | orga | | | use it is: (For lines 1 through | | | | | | | | | |
| 1 | | | | sociation of churches descri | | |)(1)(A)(i). | | | | | | |
| 2 | Ш | A school des | cribed in section 170(b)(1) | (A)(ii). (Attach Schedule E (| (Form 990) | <u>.</u>) | | | | | | | |
| 3 | | A hospital or | a cooperative hospital serv | rice organization described in | n section | 170(b)(1)(<i>i</i> | ۹)(iii). | | | | | | |
| 4 | | A medical re | search organization operate | ed in conjunction with a hosp | oital descri | bed in sec | tion 170(b)(1)(A)(iii). Enter | the hospital's name, | | | | | |
| | | city, and stat | e: | | | | | | | | | | |
| 5 | | An organizat | ion operated for the benefit | of a college or university ow | ned or op | erated by a | governmental unit describe | ed in | | | | | |
| | _ | | (b)(1)(A)(iv). (Complete Pa | | | • | | | | | | | |
| 6 | | A federal, sta | ate, or local government or | governmental unit described | l in sectio | n 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 | | | | 170(b)(1)(A)(vi). (Complete | Part II.) | | | | | | | | |
| 9 | П | | | scribed in section 170(b)(1 | | erated in c | oniunction with a land-grant | college | | | | | |
| | | | | of agriculture (see instruction | | | | | | | | | |
| | | university: | | | | | | | | | | | |
| 10 | X | 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 331/3% 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 | | | | exclusively to test for public | | - | · · | | | | | | |
| 12 | | _ | | | • | | ` '' ' | nurnoses of | | | | | |
| - | 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. | | | | | | | | | | | | |
| | а | | | perated, supervised, or conti | | | | - | | | | | |
| | | | | ower to regularly appoint or e | | | | , gg | | | | | |
| | | | | complete Part IV, Sections | | | | | | | | | |
| | b | Type II. | A supporting organization s | upervised or controlled in co | nnection v | vith its sup | ported organization(s), by h | aving | | | | | |
| | | | | orting organization vested in | | | | | | | | | |
| | | organiza | tion(s). You must complet | e Part IV, Sections A and 0 | 3 . | | | | | | | | |
| | С | Type III | functionally integrated. A | supporting organization ope | erated in co | nnection v | vith, and functionally integra | ited with, | | | | | |
| | | _ | | structions). You must comp | | | | | | | | | |
| | d | | | ed. A supporting organization | | | | | | | | | |
| | | | | ne organization generally mu must complete Part IV, Se | | | | tiveness | | | | | |
| | е | _ ` | | ceived a written determination | | • | | u . | | | | | |
| | C | functiona | ally integrated, or Type III no | on-functionally integrated su | pportina oi | ganization | tisa iype i, iype ii, iype i | 311 | | | | | |
| | f | | mber of supported organiza | | ,,,,,,,,, | J | | | | | | | |
| | g | | | the supported organization(s | s). | | | | | | | | |
| (i |) Nam | e of supported | (ii) EIN | (iii) Type of organization | | organization | (v) Amount of monetary | (vi) Amount of | | | | | |
| • | orį | ganization | , , | (described on lines 1–10 | | ur governing | support (see | other support (see | | | | | |
| | | | | above (see instructions)) | docu | ment? | instructions) | instructions) | | | | | |
| | | | | | Yes | No | | | | | | | |
| (A) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (B) | | | | | | | | | | | | | |
| (C) | | | | | | | | | | | | | |
| (D) | | | | | | | | | | | | | |
| (E) | | | | | | | | | | | | | |
| (-) | | | | | | | | | | | | | |

Total

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

Page 2

m 990) 2021 MINISTRY VILLAGE AT OLIVE, INC. 26-2795365
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Schedule A (Form 990) 2021 Part II (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.)

| Sac | tion A. Public Support | rialis to quai | ily dilder the te | osto notea pere | W, picade dei | inplote i dit ili | -/ |
|-------|---|--------------------|----------------------|----------------------|--|--|------------------------|
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| Ouici | idal year (or nodal year beginning iii) | (a) 2017 | (6) 2010 | (0) 2010 | (4) 2020 | (0) 2021 | (i) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 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 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | - | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc. | (see instruction | s) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the o | rganization's firs | t, second, third, fo | urth, or fifth tax y | ear as a section s | 501(c)(3) | |
| | organization, check this box and stop he | | | | | | |
| Sec | tion C. Computation of Public S | | | | | | - |
| 14 | Public support percentage for 2021 (line | ô, column (f) divi | ded by line 11, co | lumn (f)) | 21000000000000000000000000000000000000 | 14 | |
| 15 | Public support percentage from 2020 Sch | nedule A, Part II, | line 14 | | ****** | 15 | % |
| 16a | • | | | | 4 is 33 1/3% or m | ore, check this | |
| | box and stop here. The organization qua | | | | noue roconous conoco | NAMES OF THE PARTY | DOMESTIC NEW PROPERTY. |
| b | 33 1/3% support test—2020. If the organ | nization did not o | check a box on line | e 13 or 16a, and I | ine 15 is 33 1/3% | or more, check | |
| | this box and stop here. The organization | qualifies as a pi | ublicly supported of | organization | x4104.000.0004.0000 | 16.000000000000000000000000000000000000 | A12162325325 |
| 17a | 10%-facts-and-circumstances test—20 | _ | | | | | |
| | 10% or more, and if the organization mee | ts the facts-and- | -circumstances tes | st, check this box | and stop here . E | Explain in | |
| | Part VI how the organization meets the fa organization | | | | ies as a publicly : | supported | |
| b | 10%-facts-and-circumstances test—20 | 20. If the organi | zation did not che | ck a box on line 1 | 3, 16a, 16b, or 1 | 7a, and line | |
| | 15 is 10% or more, and if the organization | n meets the facts | s-and-circumstanc | es test, check this | s box and stop h | ere. Explain | |
| | in Part VI how the organization meets the | | | | | | |
| | organization | | | | | | ▶ □ |
| 18 | Private foundation. If the organization d | id not check a be | ox on line 13, 16a, | 16b, 17a, or 17b | , check this box a | ind see | SELECTION (1970) |
| | instructions | | | | rengegrengen encennisse ence | | UCC UNULUEPERATE |
| _ | | | | | | | and the second second |

26-2795365

Schedule A (Form 990) 2021

Page 3

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.

| 202 | tion A. Public Support | quality under | the tests listed | below, please | e complete Pa | rt II.) | |
|-------|--|--------------------|--------------------|---------------------|------------------------------|----------------|------------|
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | (a) 2017 | (b) 2010 | (6) 2019 | (u) 2020 | (e) 2021 | (i) Total |
| • | received. (Do not include any "unusual grants.") | 644,907 | 961,283 | 863,090 | 940,956 | 980,438 | 4,390,674 |
| 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 | 407,686 | 421,997 | 1,088,724 | 1,004,915 | 1,249,690 | 4,173,012 |
| 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 | 1,052,593 | 1,383,280 | 1,951,814 | 1,945,871 | 2,230,128 | 8,563,686 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| | 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 | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | w :=: |
| Sec | tion B. Total Support | | di | | | | 8,563,686 |
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 9 | Amounts from line 6 | 1,052,593 | 1,383,280 | 1,951,814 | 1,945,871 | 2,230,128 | 8,563,686 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 8 | 327 | 202 | 41 | 24 | 602 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | 8 | 327 | 202 | 41 | 24 | 602 |
| 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, | | | | | | |
| 4.4 | and 12.) | 1,052,601 | 1,383,607 | 1,952,016 | 1,945,912 | 2,230,152 | 8,564,288 |
| 14 | First 5 years. If the Form 990 is for the organization, check this box and stop he | | secona, tnira, tol | iπn, or tiπn tax ye | ar as a section 50 | 11(c)(3) | |
| Sec | ction C. Computation of Public S | | ntage | | | | |
| 15 | Public support percentage for 2021 (line | | | umn (fl) | | 15 | 99.99% |
| 16 | Public support percentage from 2020 Sci | | | #79205#8889888 | | 16 | 99.99% |
| Sec | tion D. Computation of Investm | | | | | | 33,33 |
| 17 | Investment income percentage for 2021 | | | 13, column (f)) | | 17 | % |
| 18 Ir | nvestment income percentage from 2020 S | | | | A CONTROL NO CONTROL NA PARA | 18 | % |
| 19a | | | (222.02.00.00 | ine 14, and line 1 | 5 is more than 33 | 1/3%, and line | |
| | 17 is not more than 33 1/3%, check this b | | | | | | ▶ X |
| b | 33 1/3% support tests—2020. If the org | | | | | | nd |
| | line 18 is not more than 33 1/3%, check t | | | | | | |
| 20 | Private foundation. If the organization d | id not check a box | on line 14, 19a, | or 19b, check this | box and see inst | ructions | |

Schedule A (Form 990) 2021

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 S | Supporting | Organizations |
|------------------|------------|---------------|
|------------------|------------|---------------|

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

| | Yes | No |
|-------------------|---------|----------|
| | 11 | |
| 1 | | |
| 2 | | |
| 3a | | |
| | | |
| 3b | | |
| 3c | | |
| 4a | | |
| 4b | | |
| | | |
| 4c | | |
| 5a | | |
| 5b | | |
| 5c | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9a | | |
| 9b | | |
| 9c | | |
| 10a | | |
| 10b Schedule A | | |
| Schedule A | (Form 9 | 90) 2021 |

| Par | Supporting Organizations (continued) | | | |
|-------|--|---------|---------|-----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| þ | A family member of a person described on line 11a above? | 11b | | |
| С | 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 | | |
| Secti | ion 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 | 4 | | |
| | 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 | | | ľ |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sect | ion C. Type II Supporting Organizations | | | |
| | The state of the s | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | 103 | 140 |
| 0.00 | 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). | | | |
| Sect | tion D. All Type III Supporting Organizations | | | |
| - | ion D. Fili Type in Supporting Significations | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | 162 | No |
| | 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 | | | |
| | | | | |
| 2 | 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 | , | | |
| 2 | 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 | | | |
| Sact | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| | | | | |
| 1_ | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct | ions). | | |
| a | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | 9 9 | 1928 25 | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see | instruc | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | 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 | | | | |
| | 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. | | | |
| а | 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 | | |
| h | 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.

emergency temporary reduction (see instructions).

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

Adjusted net income for prior year (from Section A, line 8, column A)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

Minimum asset amount for prior year (from Section B, line 8, column A)

Enter 0.85 of line 1.

4 Enter greater of line 2 or line 3.

5 Income tax imposed in prior year

1

2

3

4

5

Schedule A (Form 990) 2021

| Schedu | le A (Form 990) 2021 MINISTRY VILLAGE | AT OLIVE, IN | C. 26-2795 | 365 Page 7 | | | | | | | | | | |
|--------|--|-----------------------|--------------------------------|-------------------------------|--|--|--|--|--|--|--|--|--|--|
| | if be in trent and tenant, integrated costallo | Supporting Organ | izations (continued) | | | | | | | | | | | |
| Secti | on D – Distributions | | | Current Year | | | | | | | | | | |
| 1 | Amounts paid to supported organizations to accomplish exempt purp | | | | | | | | | | | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purpos | ses of supported | | | | | | | | | | | | |
| | organizations, in excess of income from activity | | | | | | | | | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of sup | oported organizations | | | | | | | | | | | | |
| 5 | Amounts paid to acquire exempt-use assets | Jataila la Dant M | | | | | | | | | | | | |
| 6 | Qualified set-aside amounts (prior IRS approval required—provide of Other distributions (describe in Part VI). See instructions. | | - | | | | | | | | | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | | | | | | | | | | | |
| 8 | an pool of Man or it | | | | | | | | | | | | | |
| • | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | | | | | | | | | | | | | |
| 9 | 9 Distributable amount for 2021 from Section C. line 6 | | | | | | | | | | | | | |
| 10 | Line 8 amount divided by line 9 amount | | | | | | | | | | | | | |
| | | (i) | (ii) | (iii) | | | | | | | | | | |
| Sect | on E – Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2021 | 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-explain in Part VI). See | | | | | | | | | | | | | |
| 2 | instructions. | | | | | | | | | | | | | |
| | Excess distributions carryover, if any, to 2021 From 2016 | | | | | | | | | | | | | |
| | From 2017 | | | | | | | | | | | | | |
| | From 2018 | | | | | | | | | | | | | |
| | From 2019 | | | | | | | | | | | | | |
| | From 2020 | | | | | | | | | | | | | |
| | Total of lines 3a through 3e | | | | | | | | | | | | | |
| | Applied to underdistributions of prior years | | | | | | | | | | | | | |
| | Applied to 2021 distributable amount | | | | | | | | | | | | | |
| 77.5 | Carryover from 2016 not applied (see instructions) | | | | | | | | | | | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | | | | | | | | | |
| 4 | Distributions for 2021 from | | | | | | | | | | | | | |
| | Section D, line 7: \$ | | | | | | | | | | | | | |
| а | Applied to underdistributions of prior years | | | | | | | | | | | | | |
| b | Applied to 2021 distributable amount | | | | | | | | | | | | | |
| С | Remainder. Subtract lines 4a and 4b from line 4. | | | | | | | | | | | | | |
| 5 | Remaining underdistributions for years prior to 2021, if | | | | | | | | | | | | | |
| | any. Subtract lines 3g and 4a from line 2, For result | | | | | | | | | | | | | |
| | greater than zero, explain in Part VI. See instructions. | | | | | | | | | | | | | |
| 6 | Remaining underdistributions for 2021 Subtract lines 3h | | | | | | | | | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | | | | | | | | | |
| | Part VI. See instructions. | | | | | | | | | | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j | | | | | | | | | | | | | |
| | and 4c. | | | | | | | | | | | | | |
| 8 | Breakdown of line 7: | | | | | | | | | | | | | |
| | Excess from 2017 | | | | | | | | | | | | | |
| | Excess from 2018 Excess from 2019 | | | | | | | | | | | | | |
| | Excess from 2019 Excess from 2020 | | | | | | | | | | | | | |
| | Excess from 2021 | | | | | | | | | | | | | |
| - | miles ex in elli table i | | | | | | | | | | | | | |

| Schedule A (Fo | rm 990) 2021 | | MIN | ISTRY | VILI | LAGE | AT OI | JIVE, | INC | . 2 | 26 - 279 | 5365 |) | Page 8 |
|--|---|---|--|---|--|---|--|--|--|---|---|------------------------------------|--------------------------------|---|
| Part VI | Suppleme III, line 12 B, lines 1 3a, and 3l lines 2, 5, | ; Part I\ and 2; b; Part ' | formation of the section of the sect | on. Proven A, line Section From Part V, | ride the es 1, 2, C, line Sectior | explan 3b, 3c, 1; Part n B, line | ations re 4b, 4c, s IV, Sect e 1e; Pa | equired 5a, 6, 9 ion D, li rt V, Se | by Part a, 9b, 9 ines 2 a ction D | t II, line oc, 11a, and 3; P , lines 5 | 10; Part 11b, and art IV, Se 5, 6, and 8 | II, line 11c; lection B; and | 17a or Part IV, E, lines | 17b; Part Section 1c, 2a, 2l |
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Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Schedule B (Form 990) (2021)

Employer identification number

2021

MINISTRY VILLAGE AT OLIVE, INC 795365 Organization type (check one): Filers of: Section: X 501(c)(Form 990 or 990-EZ 3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, See instructions. General Rule X 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 331/3% 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).

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

PAGE 1 OF 2 Page 2

Name of organization

MINISTRY VILLAGE AT OLIVE, INC.

Employer identification number 26-2795365

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (c) (d) (a) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. 1.... OLIVE BAPTIST CHURCH Person Payroll 1836 OLIVE ROAD \$ 658,825 Noncash PENSACOLA FL 32514 (Complete Part II for noncash contributions.) (c) (d) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. 2 EARLY LEARNING COALITION Person 3300 N PACE BLVD #210, 220, 225 Payroll 68,113 Noncash PENSACOLA FL 32505 (Complete Part II for noncash contributions.) (b) (c) (a) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 3 Person Payroll s 5,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll \$ 5,000 Noncash (Complete Part II for noncash contributions.) (d) (a) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 5 Person Payroll \$ 5,000 Noncash (Complete Part II for noncash contributions.) (d) (c) (a) (b) Type of contribution Total contributions Name, address, and ZIP + 4 No. 6 Person Payroll s 7,500 Noncash (Complete Part II for noncash contributions.)

age 2

Name of organization

MINISTRY VILLAGE AT OLIVE, INC.

Employer identification number 26-2795365

| 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 | | | |
| .7 | X + x + x + x + x + x + x + x + x + x + | \$ 5,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 8 | | \$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) | (b) | (c) | (d) | | | |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution | | | |
| Freedor | ************************************** | \$ eeclinaanaanaanaanaaaaaaaa | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) | (d) | | | |
| DANIELS | Table Date Control of the Control of | Total contributions | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| DOMESTIC . | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| *)******** | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public

Inspection

OMB No. 1545-0047

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

Employer identification number

| М | INISTRY VILLAGE AT OLIVE, INC. | | 26-2795365 |
|--------|--|--|---|
| | ort I Organizations Maintaining Donor Advised Complete if the organization answered "Yes" | Funds or Other Similar Funds on Form 990, Part IV, line 6. | or Accounts. |
| | | (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 | III | |
| 5 | Did the organization inform all donors and donor advisors in writing | | 117 |
| | funds are the organization's property, subject to the organization's | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor adviso | | |
| | only for charitable purposes and not for the benefit of the donor or | | |
| | conferring impermissible private benefit? | | Yes No |
| Pa | Irt II Conservation Easements. Complete if the organization answered "Yes" | on Form 990 Part IV line 7 | |
| 4 | Purpose(s) of conservation easements held by the organization (c | | |
| 1 | Preservation of land for public use (for example, recreation or | | ly important land area |
| | Protection of natural habitat | Preservation of a certified | • • |
| | | Freservation of a certified i | mistoric structure |
| 2 | Preservation of open space Complete lines 2a through 2d if the organization held a qualified or | oncentration contribution in the form of a | conservation |
| 2 | easement on the last day of the tax year. | onservation contribution in the form of a | Held at the End of the Tax Yea |
| _ | | | |
| a | | NU BERTRANDER FRENCHSEN FRENCHSEN DER STERNEN DER STERNE DER STERN | 251.5 |
| D | Number of conservation easements on a certified historic structure | e included in (a) | 101 |
| C. | Number of conservation easements included in (c) acquired after 1 | | 20 |
| d | historic structure listed in the National Register | 7725700, and not on a | 2d |
| 2 | Number of conservation easements modified, transferred, release | d extinguished or terminated by the org | 301 LET 1 |
| 3 | | d, extinguished, or terminated by the org | anization during the |
| | tax year ► Number of states where property subject to conservation easemer | nt is located | |
| 4 | Does the organization have a written policy regarding the periodic | 55.752 | |
| 5 | violations, and enforcement of the conservation easements it hold: | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handl | | 0.000 DOC 0.000 |
| 0 | Training and volunteer flours devoted to florintoring, inspecting, flands | ing of violations, and emoroning conserva | morreasements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of | of violations, and enforcing conservation | easements during the year |
| | ▶ \$ | | |
| 8 | Does each conservation easement reported on line 2(d) above safe | tisfy the requirements of section 170(h)(4 | 4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation ea | asements in its revenue and expense sta | tement 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. | | |
| Pa | ort III Organizations Maintaining Collections of A Complete if the organization answered "Yes" | Art, Historical Treasures, or Ot on Form 990, Part IV, line 8. | her Similar Assets. |
| 1a | If the organization elected, as permitted under FASB ASC 958, no | t to report in its revenue statement and b | palance sheet works |
| | of art, historical treasures, or other similar assets held for public ex | | |
| | service, provide in Part XIII the text of the footnote to its financial s | statements that describes these items. | |
| b | If the organization elected, as permitted under FASB ASC 958, to | | nce sheet works of |
| | art, historical treasures, or other similar assets held for public exhi | | |
| | provide the following amounts relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | ▶ \$ |
| | | | |
| 2 | If the organization received or held works of art, historical treasure | es, or other similar assets for financial gai | in, provide the |
| - | following amounts required to be reported under FASB ASC 958 m | | |
| а | Davenus included on Form 000 Dort VIII line 1 | | S |
| _ _ | Assets included in Form 990, Part X | | |

Schedule D (Form 990) 2021

| Section 1 and 1 an | Schedule | D (Form 990) 2021 MINISTRY | VILLAGE A' | r olive, | INC. 2 | 6-27953 | 365 | Page 2 |
|--|---------------|---|--------------------------|-------------------------|-------------------------|--|---|---------------------|
| olection items (check all that apply): a Public exhibition Description of the organization of blur generations Other | | | | | | | | sets (continued) |
| b Scholarly research Other | 3 Usin | ng the organization's acquisition, acce action items (check all that apply): | ession, and other recor | ds, check any of th | ne following that | make significa | int use of its | 12 |
| b Scholarly research e Other c Preservation for future generations e Preservation for future generations of Preservation for future generations of Preservation for future generations 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 assests 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, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 1c Beginning balance 1d Additions during the year 1 Explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII 2 Beginning of year balance 3 Beginning of year balance 3 Beginning of year balance 4 Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment Indus not in the possession of the organization that are held and administered for the organization by. (1) Unrelated organizations 5 If Pres' on line 3a(i), are the related organizations issed as required on Schedule R? 2 Provide the estimated organizations 5 In Pres' on line 3a(ii), are the related organizations issed as required on Schedule R? 2 Describe in Part XIII the inflanded uses of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV, line 10. 2 Describe in Part XIIII the inflanded uses of the organization sendowment funds. 3 In Part IV I | a 🔲 I | Public exhibition | d L | oan or exchange p | orogram | | | |
| to Preservation for future generations A Provider a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. S 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? Ves No Part V Escrow and Custodial Arrangements. C omplete if the organization an aswered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an aswered in trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? In If "Yes" No If "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning belance □ Beginning belance □ Beginning belance □ Bedinning ask during the year □ Beding belance □ If If □ ■ Detributions during the year □ Is Tyes," explain the arrangement in Part XIII. Check here if the explaination has been provided on Part XIII ■ Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance □ Contributions □ Administrative expenses □ End of year balance □ Permanent endowment Funds □ Permanent endowment funds not in the possession of the organization that are held and administered for the organization by □ Unrelated organizations □ Permanent endowment funds and in the possession of the organization that are held and administered for the organization by □ Unrelated organizations □ Permanent endowment funds and in the possession of the organizatio | b 🗍 : | Scholarly research | | | _ | | | |
| 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 beasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part N, line 21. 1a is the organization an agent, funstee, oustodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 1c Beginning balance 2 Distributions during the year 4 Ending balance 3 Distributions during the year 4 Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 5 Distributions 4 Description of year balance 5 Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 6 Descriptions 6 Crambis or scholarships 6 Crambis or scholarships 6 Crambis or scholarships 7 Administrative expenses 9 End of year balance 1 Part V Endowment Funds not in the possession of the organization that are held and administered for the organization by (I) Unrelated organizations 8 Bead designated or quasi-andowment Funds 9 Demonstrative expenses 1 Crambis or scholarships 10 Unrelated organizations 10 Unrelated organizations 10 Unrelated organizations 10 Description of prosety 11 Description of prosety 12 Description of prosety 13 Land, Buildings, and Equipment. 14 Land, Buildings, and Equipment. 15 Land, Buildings, and Equipment. 16 Description of prosety 17 Description of prosety 18 Description of prosety 19 Description of prosety 10 Description of prosety 10 Description of prosety 10 Description of prosety 11 Land, Buildings, and Equipment. 12 Craw of the organization answered "Yes" on Form 990, Part | | | | | | | | |
| S 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 collections and expla | ain how they furthe | r the organizatio | n's exempt pu | roose in Part | |
| assets to be sold to raise funds rather than to be maintained as part of the organization? | | | | , | J | | | |
| assets to be sold to raise funds rather than to be maintained as part of the organization? | 5 Duri | ng the year, did the organization solid | cit or receive donations | s of art. historical tr | reasures, or other | er similar | | |
| Part V 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, oustodian or other intermediary for contributions or other assets not included on Form 990, Part X? | | | | | | | | Yes No. |
| 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 □ If "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ Additions during the year □ Distributions during the year □ Distribution include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? □ Yes □ No □ 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. 1a Beginning of year balance □ Contributions □ No □ Permanent on 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. 1a Beginning of year balance □ Contributions □ No □ Permanent earnings, gains, and losses □ Grants or scholarships □ Other expenditures for facilities and programs □ Administrative expenses □ End of year balance □ Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: □ Board designated or quasi-endowment ▶ % □ Permanent endowment ★ 3a(i) □ Sa(i) □ No □ | | | | | | | | |
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| Included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: Amount | 1a Is th | | todian or other interme | ediary for contributi | ions or other ass | ets not | | |
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| d Additions during the year 1d 1d | b If "Y | | | | | | | |
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| e Distributions during the year | - | | | | | | 1d | |
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| 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 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. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years b | f End | ing balance | | | | | 1f | |
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| 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 | | | | | | | | |
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| 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 259,100 259,100 259,100 b Buildings 2,488,019 2,488,019 c Leasehold improvements 1,850 1,850 d Equipment 381,233 381,233 e Other 786,382 -786,382 | b If "Y | es" on line 3a(ii), are the related orga | anizations listed as rec | uired on Schedule | R? | | | 3b |
| 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 259,100 259,100 259,100 b Buildings 2,488,019 2,488,019 c Leasehold improvements 1,850 1,850 d Equipment 381,233 381,233 e Other 786,382 -786,382 | 4 Des | scribe in Part XIII the intended uses o | f the organization's en | dowment funds. | 3,000,100,000 | 0317-100-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | | |
| Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation | Part V | /I Land, Buildings, and Ed | quipment. | | | | | |
| (investment) (other) depreciation 1a Land 259,100 259,100 b Buildings 2,488,019 2,488,019 c Leasehold improvements 1,850 1,850 d Equipment 381,233 381,233 e Other 786,382 -786,382 | | Complete if the organization | tion answered "Ye | es" on Form 990 | 0, Part IV, lin | e 11a. See | Form 990, | Part X, line 10. |
| 1a Land 259,100 259,100 b Buildings 2,488,019 2,488,019 c Leasehold improvements 1,850 1,850 d Equipment 381,233 381,233 e Other 786,382 -786,382 | | Description of property | (a) Cost or other b | asis (b) Cost o | or other basis | (c) Accumula | ted | (d) Book value |
| b Buildings 2,488,019 2,488,019 c Leasehold improvements 1,850 1,850 d Equipment 381,233 381,233 e Other 786,382 -786,382 | | | (investment) | (0 | other) | depreciatio | n | |
| b Buildings 2,488,019 2,488,019 c Leasehold improvements 1,850 1,850 d Equipment 381,233 381,233 e Other 786,382 -786,382 | 1a Lan | d mana in way integrated being the control to the control | | | 259,100 | | | 259,100 |
| c Leasehold improvements 1,850 1,850 d Equipment 381,233 381,233 e Other 786,382 -786,382 | b Buil | 41 | | 2,4 | 488,019 | | | |
| d Equipment 381,233 381,233 e Other 786,382 -786,382 | c Lea | | | | 1,850 | | | |
| e Other 786,382 -786,382 | | | | | | | | |
| A STATE OF THE PROPERTY OF THE | | | | | | 786 | , 382 | -786,382 |
| | Total. Ad | d lines 1a through 1e. (Column (d) m | ust equal Form 990, P | Part X, column (B), | line 10c.) | | | 2,343,820 |

| chedule D (Form 990) 2021 | MINISTRY | VILLAGE | AΤ | OLIVE, | INC. |
|---------------------------|----------|---------|----|--------|------|
|---------------------------|----------|---------|----|--------|------|

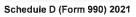
26-2795365

| | orm 990) 2021 MINISTRY VILLAGE AT C | JLIVE, INC. | 26-2793363 | Fage 3 |
|---------------|--|---------------------------------------|---------------------------|----------------------|
| Part VII | Investments – Other Securities. | n Form 000 Dort IV | line 11h Soc Form C | 00 Port V line 12 |
| | Complete if the organization answered "Yes" of (a) Description of security or category | on Form 990, Paπ IV (b) Book value | (c) Method o | |
| | (including name of security) | (b) Book value | Cost or end-of-ye | |
| (1) Financial | | | | |
| | eld equity interests | | | |
| (3) Other | 44.00044.000000000000000000000000000000 | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | CARACTER CONTRACTOR CO | | | |
| (G) | \$1.000.000 https://doi.org/10.000/10.000/10.000/10.000/10.000/10.000/10.000/10.000/10.000/10.000/10.000/10.000 | | | |
| (H) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII | Investments - Program Related. | | | |
| | Complete if the organization answered "Yes" of | on Form 990, Part IV | , line 11c. See Form 9 | 90, Part X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Method o | |
| | | | Cost or end-of-ye | ar market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. | | | |
| | Complete if the organization answered "Yes" of | on Form 990, Part IV | , line 11d. See Form 9 | |
| | (a) Description | | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| _(3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| _(7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | nn (b) must equal Form 990, Part X, col. (B) line 15.) | | > | |
| Part X | Other Liabilities. Complete if the organization answered "Yes" of | n Form 000 Port IV | / line 11e or 11f See | Form 000 Part Y |
| | | on Form 990, Part IV | , little 1 te of 111. See | roini 990, Pait A, |
| - | line 25. | | | (b) Book value |
| 1. | (a) Description of liability | | | (b) book value |
| | income taxes | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | on (h) must equal Form 000. Bort V and (D) line 05 \ | | > | |
| TOTAL (COUNT | n (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 Schedule D (Form 990) 2021

| | edule D (Form 990) 2021 MINISTRY VILLAGE AT OLIVE | | | Page 4 |
|-----------|--|-------------------------------|--|-----------|
| Pa | art XI Reconciliation of Revenue per Audited Financial St | | | eturn. |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, lir | ne 12a. | |
| 1 | Total revenue, gains, and other support per audited financial statements | CERCESCO A A CERCESCO CO | 19000000000000000000000000000000000000 | 2,215,409 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 - 1 | | |
| a | Consideration and countries to a final final form and the final fi | 2a 2b | | |
| b | | 20 2c | | |
| d | | 2d | | |
| e | Add lines 2s through 2d | | 20 | |
| 3 | Subtract line 2e from line 1 | | 2000 C X 200 C 200 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | *************************************** | 2,213,403 |
| а | | 4a | | |
| b | | 4b | | |
| - | Add lines 4a and 4b | 1101 | 44 | c |
| | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. |) | 701000000000000000000000000000000000000 | |
| | art XII Reconciliation of Expenses per Audited Financial S | | th Expenses per | Return. |
| | Complete if the organization answered "Yes" on Form | | | |
| 1 | Total expenses and losses per audited financial statements | | | 2,131,595 |
| 2 | | | anemana ana estade | |
| а | ************************************** | 2a | 97,394 | |
| b | Prior year adjustments | 2b | | |
| С | Other losses | 2c | | |
| d | A PROPERTY OF A TROPHE A PROPERTY OF A PROPE | 2d | | |
| е | Add lines 2a through 2d | | 2 | |
| 3 | Subtract line 2e from line 1 | | | 2,034,201 |
| 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 | | 4b | | 1 |
| С | Add lines 4a and 4b | | CHRISTIAN CONTRACTOR STREET | c |
| | Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 1 | | CHRISTIAN CONTRACTOR STREET | 2,034,201 |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. | 8.) | CLASSACISMICACIONALISMA | 2,034,201 |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 8.) 4; Part IV, lines 1b a | and 2b; Part V, line 4; | 2,034,201 |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. | 8.) 4; Part IV, lines 1b a | and 2b; Part V, line 4; | 2,034,201 |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 8.) 4; Part IV, lines 1b a | and 2b; Part V, line 4; | 2,034,201 |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 8.) 4; Part IV, lines 1b a | and 2b; Part V, line 4; | 2,034,201 |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 8.) 4; Part IV, lines 1b a | and 2b; Part V, line 4; | 2,034,201 |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 8.) 4; Part IV, lines 1b a | and 2b; Part V, line 4; | 2,034,201 |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 8.) 4; Part IV, lines 1b a | and 2b; Part V, line 4; | 2,034,201 |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 8.) 4; Part IV, lines 1b a | and 2b; Part V, line 4; | 2,034,201 |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 8.) 4; Part IV, lines 1b a | and 2b; Part V, line 4; | 2,034,201 |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 8.) 4; Part IV, lines 1b a | and 2b; Part V, line 4; | 2,034,201 |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 8.) 4; Part IV, lines 1b a | and 2b; Part V, line 4; | 2,034,201 |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 8.) 4; Part IV, lines 1b a | and 2b; Part V, line 4; | 2,034,201 |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 8.) 4; Part IV, lines 1b a | and 2b; Part V, line 4; | 2,034,201 |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 8.) 4; Part IV, lines 1b a | and 2b; Part V, line 4; | 2,034,201 |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 8.) 4; Part IV, lines 1b a | and 2b; Part V, line 4; | 2,034,201 |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 8.) 4; Part IV, lines 1b a | and 2b; Part V, line 4; | 2,034,201 |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 8.) 4; Part IV, lines 1b a | and 2b; Part V, line 4; | 2,034,201 |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 8.) 4; Part IV, lines 1b a | and 2b; Part V, line 4; | 2,034,201 |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 8.) 4; Part IV, lines 1b a | and 2b; Part V, line 4; | 2,034,201 |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 8.) 4; Part IV, lines 1b a | and 2b; Part V, line 4; | 2,034,201 |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 8.) 4; Part IV, lines 1b a | and 2b; Part V, line 4; | 2,034,201 |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 8.) 4; Part IV, lines 1b a | and 2b; Part V, line 4; | 2,034,201 |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 8.) 4; Part IV, lines 1b a | and 2b; Part V, line 4; | 2,034,201 |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | 8.) 4; Part IV, lines 1b a | and 2b; Part V, line 4; | 2,034,201 |

| Schedule D (F | Form 990) 2021 | MINISTRY | VILLAGE AT | COLIVE, | INC. | 26-2795365 | Page 5 |
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| _ rait XIII_ | Supplemen | itai iiioiiiiati | ni (continueu) | | | | |
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SCHEDULE G (Form 990)

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

Open to Public Inspection

| Name of the organization MINICUDY VITITACE | AT OF THE | т | NIC. | | Employer identifica | |
|---|----------------------|----------------------|---|--------------------------------------|--|---|
| Part I Fundraising Activities. Complet | e if the organiz | <u>, ⊥</u> | anev | wered "Ves" on F | 26-27953 | line 17 |
| Form 990-EZ filers are not requir | ed to complete | this | ansv part. | wered res on r | oilli 990, Fait IV, | IIIIC 17 N |
| 1 Indicate whether the organization raised funds thro | | | | es. Check all that app | ly. | |
| a Mail solicitations | e Solicitation | on of n | on-aov | vernment grants | | |
| b Internet and email solicitations | | | - | nent grants | | |
| c Phone solicitations | g Special f | _ | | _ | | |
| d In-person solicitations | 9 oposia | | ,g 0 • | | | |
| 2a Did the organization have a written or oral agreeme | ent with any individ | lual (inc | cluding | a officers directors to | rustees | |
| or key employees listed in Form 990, Part VII) or ei b If "Yes," list the 10 highest paid individuals or entitie | ntity in connection | with pr | ofessi | onal fundraising serv | ices? | Yes No |
| compensated at least \$5,000 by the organization. | | | _ | | | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | raise cust con | id fund- r have ody or trol of outions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | |
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| otal | | -2550-000 | | | | |
| List all states in which the organization is registere registration or licensing. | d or licensed to so | licit cor | ntributi | ions or has been noti | fied it is exempt from | |
| | | * * * * 1 0 1 | nneevin | | | WENTHERE |
| | | **-*** | 0.00000 | | | |
| | | | | | | |

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

| Sche | edule G (Form 990) 2021 MINISTRY VILLAGE AT OLIVE, INC. 26-2795365 | Page 3 |
|----------------|---|--|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity | |
| | formed to administer charitable gaming? | Yes No |
| 13 | Indicate the percentage of gaming activity conducted in: | |
| а | The organization's facility | 13a % |
| b | An outside facility | 13b % |
| 14 | An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and | A |
| | records: | |
| | Name ▶ | (TOURS OF STREET, TO |
| | Address ▶ | USANE NESTSANSIASA |
| 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 ▶\$ | |
| С | If "Yes," enter name and address of the third party: | |
| | Name ▶ | |
| | Address ▶ | |
| 16 | Gaming manager information: | |
| | Name ▶ | |
| | Gaming manager compensation ▶\$ | |
| | Description of services provided ▶ | 0.055550 |
| | Director/officer Employee Independent contractor | |
| | | |
| 17 | Mandatory distributions: | |
| а | 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 S | - (''') 1 () 1 |
| Pa | Supplemental Information. Provide the explanations required by Part I, line 2b, column | |
| | Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions. | al information. |
| | See instructions. | |
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990.

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

Open to Public OMB No. 1545-0047 2021 Inspection Employer identification number

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, No X (h) Purpose of grant or assistance Yes 26-2795365 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. noncash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) noncash assistance (e) Amount of 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant (c) IRC section (if applicable) INC General Information on Grants and Assistance MINISTRY VILLAGE AT OLIVE, (b) EIN (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization Part || Part I

Schedule I (Form 990) (2021)

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

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SCHEDULE ! (Form 990)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

| Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Type of grant or assistance (b) Number of recipients (c) ASSISTANCE (d) Amount of recipients (e) Method of valuation (book, recipients) (f) Description of noncash assistance (h) AMOUNT (h) Description of noncash assistance (h) Description of noncash assistance (h) Description of noncash assistance (h) Method of valuation (book, recipients) (h) Description of noncash assistance (h) Method of valuation (book, recipients) (h) Description of noncash assistance (h) Method of valuation (book, recipients) (h) Description of noncash assistance (h) Method of valuation (book, recipients) (h) Description of noncash assistance (h) Method of valuation (h) Description of noncash assistance (h) Amount of valuation (h) Description of noncash assistance (h) Amount of valuation (h) Description of noncash assistance (h) Amount of valuation (h) Description of noncash assistance (h) Amount of valuation (h) Description of noncash assistance (h) Amount of valuation (h) Description of noncash assistance (h) Amount of valuation (h) Description of noncash assistance (h) Amount of valuation (h) Description of valuation (h) Description (h) | | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | | | |
|---|-------|---|--|--|--|
| Schedule I (Form 990) (2021) MINISTRY VILLAGE AT OLIVE Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needer (a) Type of grant or assistance (b) Number of recipients LUTILITY ASSISTANCE 3 OTHER | 1 1 1 | Fart IV Supplemental Information. Provide the information requ | | | |

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Noncash Contributions

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.

OMB No. 1545-0074

2021

Open To Public Inspection

Employer identification number MINISTRY VILLAGE AT OLIVE, INC 26-2795365 Part I Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed Form 990, Part VIII, line 1g noncash contribution amounts 1 Art - Works of art 2 Art — Historical treasures Art - Fractional interests Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities — Publicly traded 10 Securities — Closely held stock Securities --- Partnership, LLC, 11 or trust interests 12 Securities — Miscellaneous 13 Qualified conservation contribution - Historic structures Qualified conservation 14 contribution - Other 15 Real estate — Residential 16 Real estate — Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 3000 63,822 FMV 20 Drugs and medical supplies 21 Taxidermy Historical artifacts 22 23 Scientific specimens 24 Archeological artifacts Other ▶(OFFICE SPACE 25 73,944 FMV 26 Other > (ACCOUNTING Χ 23,450 FMV 27 Other ▶ (TREE SERVICE 400 FMV 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X 30a 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 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) 2021

describe in Part II.

| | | WITTACE AT | OLTVE | INC. | 26-2795365 | Page Z |
|---|---|--|--|--|---|--|
| Part II | n 990) 2021 MINISTRY Supplemental Informat the organization is repor or a combination of both | ion. Provide the ting in Part I, col | information lumn (b), the this part for | required to number of any additi | by Part I, lines 30b, 32 of contributions, the nu onal information. | b, and 33, and whether mber of items received, |
| | or a combination of both | . Also complete | and parties | 333 | | |
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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 | MINISTRY VILLAGE AT OLIVE, INC. | Employer identification number 26-2795365 |
|---------------------------|---|--|
| FORM 990, | PART VI - ADDITIONAL INFORMATION | |
| THE ORGAN | IZATION MAKES ITS GOVERNING DOCUMENTS, CONFL | ICT OF INTEREST |
| POLICY, A | ND FINANCIAL STATEMENTS AVAILABLE TO THE PUB | LIC UPON REQUEST. |
| FORM 990, | PART VI, LINE 11B - ORGANIZATION'S PROCESS | TO REVIEW FORM 990 |
| THE EXECU | TIVE DIRECTOR REVIEWS THE FORM 990 WITH THE | BOARD BEFORE IT IS |
| FILED. | | |
| | PART VI, LINE 19 - GOVERNING DOCUMENTS DISC | LOSURE EXPLANATION |
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Form 990 Two Year Comparison Report 2020 & 2021

For calendar year 2021, or tax year beginning 04/01/21 , ending 03/31/22

Name

Taxpayer Identification Number

| N | MINISTRY VILLAGE AT OLIVE, INC. | | | 26-25 | 95365 |
|-------------------|--|-----|---------------|---|-------------|
| | TRIBINI VILLAGE AT OUTVE, INC. | | 2020 | 2021 | Differences |
| | 1. Contributions, gifts, grants | 1. | 940,956 | 980,438 | 39,482 |
| | 2. Membership dues and assessments | 2. | , , , , , , , | , | |
| | 3. Government contributions and grants | 3. | | | |
| n e | 4. Program service revenue | 4. | 952,423 | 1,197,328 | 244,905 |
| e u | 5. Investment income | 5. | 41 | 24 | -17 |
| > | 6. Proceeds from tax exempt bonds | 6. | | | |
| R | 7. Net gain or (loss) from sale of assets other than inventory | 7. | | | |
| | 8. Net income or (loss) from fundraising events | 8. | 36,828 | 28,664 | -8,164 |
| | 9. Net income or (loss) from gaming | 9. | | | |
| | 10. Net gain or (loss) on sales of inventory | 10. | | | |
| | 11. Other revenue | 11, | 8,501 | 8,955 | 454 |
| _ | 12. Total revenue. Add lines 1 through 11 | 12. | 1,938,749 | 2,215,409 | 276,660 |
| | 13. Grants and similar amounts paid | 13. | 85,634 | 48,558 | -37,076 |
| | 14. Benefits paid to or for members | 14. | | | |
| e S | 15. Compensation of officers, directors, trustees, etc. | 15. | 59,019 | 45,717 | -13,302 |
| S | 16. Salaries, other compensation, and employee benefits | 16. | 1,165,085 | 1,223,177 | 58,092 |
| Ье | 17. Professional fundraising fees | 17. | | | |
| × | 18. Other professional fees | 18. | 42,847 | 36,247 | -6,600 |
| Ш | 19. Occupancy, rent, utilities, and maintenance | 19. | 157,021 | 151,878 | -5,143 |
| | 20. Depreciation and Depletion | 20. | 132,389 | 139,351 | 6,962 |
| | 21. Other expenses | 21. | 568,193 | 389,273 | -178,920 |
| | 22. Total expenses. Add lines 13 through 21 | 22. | 2,210,188 | 2,034,201 | -175,987 |
| _ | 23. Excess or (Deficit). Subtract line 22 from line 12 | 23. | -271,439 | 181,208 | 452,647 |
| | 24. Total exempt revenue | 24. | 1,938,749 | 2,215,409 | 276,660 |
| Ĕ | 25. Total unrelated revenue | 25. | 0.60 0.65 | 1 000 000 | 0.15 0.16 |
| atic | 26. Total excludable revenue | 26. | 960,965 | 1,206,307 | 245,342 |
| Ē | 27. Total assets | 27. | 2,521,629 | 2,613,789 | 92,160 |
| nfo | 28. Total liabilities | 28. | 1,952,138 | 1,519,324 | -432,814 |
| Other Information | 29. Retained earnings | 29. | 569,491 | 1,094,465 | 524,974 |
| Ę | 30. Number of voting members of governing body | 30. | 12 | 15 | |
| - | 31. Number of independent voting members of governing body | 31. | 12 | 15 | |
| | 32. Number of employees | 32. | 8.3 | 73 | |
| | 33. Number of volunteers | 33. | 100 | 100 | |

| Name MINISTRY VI | MINISTRY VILLAGE AT OLIVE, INC. | | | Employe 26-2 | Employer Identification Number 26-2795365 |
|---|---------------------------------|-----------|-----------|--------------|---|
| | 2017 2018 | 2019 | 2020 | 2021 | 2022 |
| Contributions, gifts, grants | | 863,090 | 940,956 | 980,438 | |
| Program service revenue | | 1,004,203 | 952,423 | 1,197,328 | |
| Capital gain or loss Investment income | | 202 | 41 | 24 | |
| Fundraising revenue (income/loss) | | 56,204 | 36,828 | 28,664 | |
| Gaming revenue (income/loss) | | | | | |
| Other revenue | | 7,428 | 8,501 | 8,955 | |
| Total revenue | | 1,931,127 | 1,938,749 | 2,215,409 | |
| Grants and similar amounts paid | | 98,338 | 85,634 | 48,558 | |
| Benefits paid to or for members | | | | | |
| Compensation of officers, etc. | | | 59,019 | 45,717 | |
| Other compensation | | - 64 | | 1,223,177 | |
| Professional fees | | 88,883 | J | 4 | |
| - 8 | | | 157,021 | 151,878 | |
| Depreciation and depletion | | 150,475 | 132,389 | 139,351 | |
| Other expenses | | 500,427 | 568,193 | 389,273 | |
| Total expenses | | 2,205,726 | 2,210,188 | 2,034,201 | |
| Excess or (Deficit) | | -274,599 | -271,439 | 181,208 | |
| Total exempt revenue | | 1,931,127 | 1,938,749 | 2,215,409 | |
| Total unrelated revenue | | | | | |
| Total excludable revenue | | 1,011,833 | 960,965 | 1,206,307 | |
| Total Assets | | 2,622,117 | - 4 | 2,613,789 | |
| Total Liabilities | | 1,699,443 | ,952, | 1,519,324 | |
| Net Fund Balances | | 922 674 | | 1 094 465 | |

| 76-2795365 | Federal Sta | Statements | | Page 1 |
|--|---|---------------------------|---|-----------------|
| | Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee) | ees for Service (Non-e | mployee) | |
| Description BANK CHARGES AND MERCHANT FEE TOTAL | Total Expenses \$ 22,247 \$ \$ 22,247 | Program Service \$ 21,629 | Management & General | Fund Raising |
| | Form 990, Part IX, Line 24 | 24e - All Other Expenses | | |
| Description TECHNOLOGY REPAIRS AND MAINTENANCE BANK CHARGES AND MERCHANT | Total Expenses \$ 11, 631 9, 821 568 | Program Service \$ 4,313 | Management & General | Fund Raising |
| CONTRIBUTIONS TO OTHERS SUPPLIES AND PRINTING PROFESSIONAL SERVICES TOTAL | 150 98 75 \$ 22,343 | 150 75 \$ 9,032 | \$ 12,645 | 999 \$ |
| | Schedule A, Par | A, Part III, Line 1(e) | | |
| | Description | | Amount | |
| IN-KIND FOOD PANTRY IN-KIND RENT IN-KIND ACCOUNTING CONTRIBUTIONS GRANTS IN-KIND TREE SERVICE CLAY SHOOT CASH CONTRIBUTION TOTAL | | | \$ 63,822 73,944 23,450 713,359 68,113 3,400 34,350 \$ 980,438 | |
| | | | | |

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| Schedule A, Part III, Line 2(e) BC SALES EAST TOTAL Description CHARLS GOOD STATE TO SAN TO SAN THE PROPERTY CASH TIVE STANDING SAN TOTAL SAN (SO SO SO SO SAN TO SAN TO SAN THE STANDING SAN TOTAL SAN TOTAL STANDING SAN TOTAL SAN | 26-2795365 | Federal Statements | <u>a</u> | Page 2 |
|---|--|---------------------------------|----------|--------|
| Description Amount | | | | |
| Description | | Schedule A, Part III, Line 2(e) | | |
| ### 934,609 ### 84,609 ### 84,609 ### 84,609 ### 84,609 ### 84,609 ### 84,609 ### 84,383 | | Description | Amount | |
| \$ 1,249,690 | BC SALES EARLY LEARNING CENTER CHARIS HOUSE PARTICIP. FEI TAX-EXEMPT INTEREST ON SAN MISCELLANEOUS INCOME CLAY SHOOT ELVIS CONCERT | CASH | | |
| | TOTAL | | 1,249, | |
| | | | | |

26-2795365

Federal Statements

Page 3

CLAY SHOOT

Other Direct Fundraising or Gaming Expenses

| Description | <i>_</i> | mount |
|-------------|----------|-------|
| OTHER | \$ | 10 |
| SUPPLIES | | 6,218 |
| TOTAL | \$ | 6,228 |

Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning 04/01/22 , and ending 03/31/23

26-2795365

| MINISTRY VILLAGE | AT OLIVE, INC. |
|--|--|
| Net Asset / Fund Balance at Beginning of Year | 1,094,465 |
| Revenue Contributions Program service revenue Investment income Capital gain / loss Fundraising / Gaming: | 1,368,487 1,441,387 144 |
| Gross revenue 39,244 Direct expenses 22,483 Net income Other income Total revenue Expenses | 16,761 105,030 2,931,809 |
| Program services Management and general Fundraising Total expenses Excess / (deficit) | 2,168,894 170,966 1,659 2,341,519 590,290 |
| Changes | |
| Net Asset / Fund Balance at End of Reconciliation of Revenue Total revenue per financial statements Less: | Reconciliation of Expenses Total expenses per financial statements Less: |
| Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return 2,931,8 | Donated services Prior year adjustments Losses Other Plus: Investment expenses Other Total expenses per return 2,341,519 |
| Assets 2,613,7 Liabilities 1,519,3 Net assets 1,094,4 | 1,395,358 |
| Miscel Amended return Return / extende Failure to file per | |

Form **8453-TE**

Tax Exempt Entity Declaration and Signature for Electronic Filing For calendar year 2022, or tax year beginning 04/01/22, and ending 03/31/23

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CF Go to www.irs.gov/Form8453TE for the latest information.

2022

| Name of filer | • | | | | | EIN O | r 55N |
|---|--|---|---|--|--|---|--|
| MINIT | STRY VILLAGE AT (| TTVF TN | C | | | 26- | -2795365 |
| Part | Type of Return and R | | | | | 120 | 2170000 |
| Check the land Form 5 6a, 7a, 8a, 6b, 7b, 8b, | box for the type of return being file 330 filers may enter dollars and 9a, or 10a below, and the amour 9b, or 10b, whichever is applicated to the applications of the period of the period by the period of the peri | ed with Form 8455 cents. For all othe t on that line of th ble, blank (do not in Part I | 3-TE and enter to the forms, enter we to return being for the enter -0-). If you | rhole dollars or iled with this fo u entered -0- o | nly. If you check the form was blank, then in the return, then en | box on leave li ter -0- (| line 1a, 2a, 3a, 4a, 5a, ne 1b, 2b, 3b, 4b, 5b, on the applicable line |
| 1a Form | 990 check here | b Total reven | ue, if any (For | m 990, Part ' | VIII, column (A), lit | ne 12) | 1b 2,931,809 2b 3b |
| 2a Form | 990-EZ check here | b Total reven | ue, if any (For | m 990-EZ, lii | ne 9) | er keert in n | 2b |
| 3a Form | 1120-POL check here | b Total tax (F | orm 1120-PO | L, line 22) | | | 3b |
| 4a Form | 990-PF check here | b Tax based (| on investmen | it income (Fo | orm 990-PF, Part v | v, iine | o) 4D |
| 5a Form | 8868 check here | b Balance du | e (Form 8868 | , line 3c) | | OLD STATE | 5b |
| 6a Form | 990-T check here | b Total tax (F | orm 990-T, Pa | art III, line 4) | | | 6b |
| 7a Form | 4720 check here | | | | | | 7b |
| 8a Form | 5227 check here | b FMV of ass | ets at end of | tax year (Fo | orm 5227, Item D) | 9-14-15 | 8b |
| | 5330 check here | | | | | | 9b |
| | 8038-CP check here | | | | orm 8038-CP, Part II | I, line 2 | 2) 10b |
| Part II | Declaration of Office uthorize the U.S. Treasury and its | | | | | 7.8575.5585.1 | W W GC Subsection |
| cor lal info | leral taxes owed on this return, and tact the U.S. Treasury Financial iso authorize the financial institution or a copy of this return is being filed | Agent at 1-888-35 ons involved in the puiries and resolve with a state agent | 53-4537 no later e processing of e issues related cv(ies) regulation | r than 2 busine the electronic to the paymer o charities as | ess days prior to the payment of taxes to tt. | receive | nt (settlement) date. e confidential cogram, I certify that I |
| 99 | ecuted the electronic disclosure of 0-PF (as specifically identified in | Part I above) to th | e selected state | e agency(ies) | _ | | |
| Under pen | alties of perjury, I declare that $\overline{\mathbb{X}}$ | l am an officer o | f the above nam | ned entity or L | I am the person s | ubject | to tax with respect to |
| (name of e | entity) | | | | | (EIN) | |
| knowledge of the elect to the IRS delay in pr | have examined a copy of the 202 e and belief, they are true, correct stronic return. I consent to allow m and to receive from the IRS (a) a rocessing the return or refund, an | , and complete. I ny intermediate se n acknowledgem | further declare t ervice provider, t ent of receipt or | that the amour transmitter, or reason for rej | nt in Part I above is t electronic return orig ection of the transmi | ne amo jinator (ssion, (| unt shown on the copy (ERO) to send the return (b) the reason for any |
| Sign | | | | | | DIR | RECTOR |
| Here S | Signature of officer or person sub | | Date | | itle, if applicable | | |
| Part III | Declaration of Electr | onic Return C | Originator (E | RO) and P | aid Preparer (se | e inst | tructions) |
| I am only a The entity be filed wi Informatio have exam | hat I have reviewed the above re a collector, I am not responsible f officer or person subject to tax w the IRS to the officer or persor on for Authorized IRS e-file Provide mined the above return and accor and complete. This Paid Preparer | or reviewing the r ill have signed thi subject to tax, ar ers for Business I npanying schedul | eturn and only our storm before I send have followed Returns. If I am les and stateme ed on all informations. | declare that this submit the return the return the required also the Paid Ints, and, to the ation of which | s form accurately ref irn. I will give a copy irements in Pub. 41 Preparer, under pense best of my knowled I have any knowled | flects the of all fo 63, Mod alties of dge and je. | ne data on the return. orms and information to dernized e-File (MeF) f perjury I declare that I belief, they are true, |
| | ERO's | | D | ate | Check if also paid | Check i | |
| ERO's | signature JOSHUA C. DURS | | | | also paid X | employe | |
| Use Only | Firm's name (or yours if self-employed), address, and ZIP code 4 4 5 9 | T JORDAN -B HIGHW | CPA PA AY 90 MI | LTON FI | 32571 | | EIN 45-0529207 Phone no. 850-995-5000 |
| Under per | | nave examined the | e above return a | and accompan | ying schedules and ormation of which the | stateme | ents, and, to the best of my knowledge rer has any knowledge. |
| | Print/Type preparer's name | | Preparer's signature | | | Date | Check if PTIN |
| Paid | 1 | | | | | | self- employed |
| Prepare | Firm's name | | | | | | Firm's EIN |
| Use Onl | Firm's address | | | | | | Phone no. |
| | Timina address | | | | | | 0.452 TE |

For Paperwork Reduction Act Notice, see the separate instructions.

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.

OMB No. 1545-0047 2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. For the 2022 calendar year, or tax year beginning 04/01/22, and ending 03/31/23 D Employer identification number C Name of organization Check if applicable: MINISTRY VILLAGE AT OLIVE, INC. Address change 26-2795365 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) 850-475-1106 1716 E OLIVE ROAD Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code PENSACOLA 2,954,292 G Gross receipts\$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates Yes Application pending DRAYTON SMITH H(b) Are all subordinates included? 1716 E OLIVE ROAD If "No." attach a list. See instructions 32514 PENSACOLA 4947(a)(1) or X 501(c)(3) 501(c) () (insert no.) 527 Tax-exempt status: WWW.MINISTRYVILLAGE.ORG H(c) Group exemption number Website: Year of formation: 2008 Mr State of legal domicile: X Corporation Trust Association Form of organization: Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO INCREASE ACCESS TO PEOPLE DEALING WITH UNDER-SERVED COMMUNITY NEEDS Governance INCLUDING EMOTIONAL, FINANCIAL, MENTAL, PHYSICAL, SPIRITUAL, AND VOCATIONAL. 2 Check this box 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) ంర 12 Activities 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 74 6 100 6 Total number of volunteers (estimate if necessary) 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Current Year** 438 980 368. 487 8 Contributions and grants (Part VIII, line 1h) Revenue 197 387 9 Program service revenue (Part VIII, line 2g) 144 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 791 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 619 409 809 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 948 48, 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) ,268,894 385 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0 16aProfessional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 795,186 716,749 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 034,201 341,519 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 181,208 590,290 19 Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year 3,028, 428 613,789 20 Total assets (Part X, line 16) 395 519 21 Total liabilities (Part X, line 26) 094.465 22 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign EXECUTIVE DIRECTOR Here DRAYTON SMITH Type or print name and title Print/Type preparer's name Preparer's signature Check Paid JOSHUA C. DURST self-employed P00436839 JOSHUA C. DURST Preparer DURST JORDAN CPA PA 45-0529207 Firm's EIN **Use Only** 4459-B HIGHWAY 90 MILTON, FL 32571 850-995-5000 Firm's address May the IRS discuss this return with the preparer shown above? See instructions X Yes

Form 990 (2022)

| Part III | 2022) MINISTRY VILI | AGE AT OLIVE, INC. | 26-2795365 | Page 2 |
|---|---|--|--|---|
| Part III | Check if Schedule O.c. | n Service Accomplishments ontains a response or note to any | line in this Bost III | |
| 1 Briefly | describe the organization's mis | sion: | line in this Part III | |
| TO I | NCREASE ACCESS I | O PEOPLE DEALING WIT | H UNDER-SERVED COMMUN PHYSICAL, SPIRITUAL, | ITY NEEDS AND |
| 2 Did th | e organization undertake any sig | nificant program services during the year | which were not listed on the | |
| prior F If "Ye: | Form 990 or 990-EZ? s," describe these new services | on Schedule O. | | Yes X No |
| servic | e organization cease conducting es? s," describe these changes on S | , or make significant changes in how it co | nducts, any program | Yes X No |
| 4 Descr exper | ibe the organization's program s ses. Section 501(c)(3) and 501(| ervice accomplishments for each of its thre | ee largest program services, as measured the amount of grants and allocations to othe | oy rs, |
| INCL | NCREASE ACCESS T | 2,168,894 including grants of\$ O PEOPLE DEALING WITH FINANCIAL, MENTAL, | 41,948)(Revenue \$ H UNDER-SERVED COMMUN PHYSICAL, SPIRITUAL, | TTY NEEDS |
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| 4b (Code N/A |) (Expenses \$ | including grants of\$ |) (Revenue \$ | |
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| A. A. A. A. A. A. | | | TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT | X**************** |
| 4d Other | program services (Describe on S | Schedule O.) | | |
| | nses \$ | including grants of\$ |) (Revenue \$ |) |
| 4e Total p | program service expenses | 2,168,894 | | |

Form 990 (2022) MINISTRY VILLAGE AT OLIVE, INC. 26-2795365

Part IV Checklist of Required Schedules

| | art iv Checklist of Required Schedules | | Yes | No |
|--------|--|------|-------|--------|
| 4 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | 163 | 140 |
| 1 | complete Schedule A | 1 | Χ | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | - 2.5 | |
| • | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | Χ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| • | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 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? If "Yes," complete Schedule C, Part III | 5 | | Χ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | Χ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | APE |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X, as applicable. | 9 | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | 1 | ,,] | |
| | complete Schedule D, Part VI | 11a | X | |
| b | | | | 37 |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Χ |
| С | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more | 1440 | | X |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | 11d | | Х |
| _ | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| e f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 110 | | 21 |
| | the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | Х |
| 122 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 1 | | |
| 120 | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | |
| ~ | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 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? If "Yes," complete Schedule G, Part II | 18 | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 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 | | | 200.00 |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 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 | | | |
| 23 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | _X_ | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | Х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | 23 | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | 1 |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| L | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | | |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | 25b | | X |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | 20 | | |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | 17 |
| | 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 | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, | | | |
| | Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| b | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| • | 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 | 200 | | v |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 28c | X | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | 25 | -21 | \vdash |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| 24 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| 35a | or IV, and Part V, line 1 | 34 | | X |
| b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | 35a | | X |
| D | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | ا مدا | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 35b | | - |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 30 | | - // |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | | | |
| | 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | Х | |
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | i i s | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Table 11 | - | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | 4 | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | 200 | | 1404 |
| _ | reportable gaming (gambling) winnings to prize winners? | 1c | | X |

| Form | 1990 (2022) MINISTRY VILLAGE AT OLIVE, INC. 26-2795365 | | P | age 5 |
|---------|--|------------|-----|-------|
| Pa | irt 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 7 4 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Χ | |
| 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). | . | | 17 |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a 5b | | X |
| Ь | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5c | | Λ |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5C | | - |
| 6a | | 6a | | X |
| | organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or | Va | | 21 |
| D | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 0.5 | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| ŭ | and services provided to the payor? | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 <u>g</u> | | |
| 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 9b | | - |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 90 | | |
| 10 | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| a | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | 1 | | |
| ь 11 | Section 501(c)(12) organizations. Enter: | 1 / | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources | 1 | | |
| ~ | against amounts due or received from them.) | J I | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | 1 1 | | |

the organization is licensed to issue qualified health plans
c Enter the amount of reserves on hand

13c

14a Did the organization receive any payments for indoor tanning services during the tax year?
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

If "Yes," see instructions and file Form 4720, Schedule N.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities.

Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

excess parachute payment(s) during the year?

Form **990** (2022)

15

17



| Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change Check if Schedule O contains a response or note to any line in this Part VI A. Governing Body and Management The response of the governing body at the end of the tax year ere are material differences in voting rights among members of the governing body, or a governing body delegated broad authority to an executive committee or similar similate, explain on Schedule O. The response of voting members included on line 1a, above, who are independent any officer, director, trustee, or key employee have a family relationship or a business relationship with other officer, director, trustee, or key employee? The organization delegate control over management duties customarily performed by or under the direct envision of officers, directors, trustees, or key employees to a management company or other person? The organization make any significant changes to its governing documents since the prior Form 990 was the organization become aware during the year of a significant diversion of the organization's assets? The organization have members or stockholders? The organization have members or stockholders? any governance decisions of the organization reserved to (or subject to approval by) members, skholders, or persons other than the governing body? The organization contemporaneously document the meetings held or written actions undertaken during the governing body? The committee with authority to act on behalf of the governing body? The committee with authority to act on behalf of the governing body? The committee with authority to act on behalf of the governing body? The committee with authority to act on behalf of the governing body? The committee with authority to act on behalf of the governing body? | 1a 1b filed? | Schedule O | 2 3 4 5 6 7a | Yes | No No X X X X X X X X X |
|---|--|---|--|---|--|
| Check if Schedule O contains a response or note to any line in this Part VI A. Governing Body and Management er the number of voting members of the governing body at the end of the tax year ere are material differences in voting rights among members of the governing body, or e governing body delegated broad authority to an executive committee or similar smittee, explain on Schedule O. er the number of voting members included on line 1a, above, who are independent any officer, director, trustee, or key employee have a family relationship or a business relationship with other officer, director, trustee, or key employee? the organization delegate control over management duties customarily performed by or under the direct ervision of officers, directors, trustees, or key employees to a management company or other person? the organization make any significant changes to its governing documents since the prior Form 990 was the organization become aware during the year of a significant diversion of the organization's assets? the organization have members or stockholders, or other persons who had the power to elect or appoint or more members of the governing body? any governance decisions of the organization reserved to (or subject to approval by) members, skholders, or persons other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during to governing body? h committee with authority to act on behalf of the governing body? here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 1a 1b filed? | 12 | 2 3 4 5 6 7a | | No X X X X X X |
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| ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 8a | X | |
| organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | Call Call and a lateral dis- | 8b | Х | |
| organization's mailing address? If "Yes," provide the names and addresses on Schedule O | • | | | | |
| | 200 | | 9 | | X |
| B. Policies (This Section B requests information about policies not required by the | Inter | rnal Reven | ue C | ode.) | |
| the ergonization have lead shorters have the engineer of the C | | | | Yes | _ |
| the organization have local chapters, branches, or affiliates? | | | 10a | | X |
| es," did the organization have written policies and procedures governing the activities of such chapters, ates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 405 | | |
| the organization provided a complete copy of this Form 990 to all members of its governing body before | filing | the form? | 10b | Х | |
| cribe on Schedule O the process, if any, used by the organization to review this Form 990. | illing | lile lolliti? | 11a | Δ | |
| the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> | | | 12a | X | |
| e officers, directors, or trustees, and key employees required to disclose annually interests that could give | e rise | to conflicts? | 12b | 21 | Х |
| the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | to commoto. | | | 4.5 |
| cribe on Schedule O how this was done | | | 12c | | Х |
| the organization have a written whistleblower policy? | | | 13 | | Χ |
| the organization have a written document retention and destruction policy? | | | 14 | | Χ |
| the process for determining compensation of the following persons include a review and approval by | | | | | |
| pendent persons, comparability data, and contemporaneous substantiation of the deliberation and decis | ion? | | | | |
| organization's CEO, Executive Director, or top management official | | | 15a | | X |
| er officers or key employees of the organization | | | 15b | | X |
| | | | | | |
| | | | | | |
| | | | 16a | | X |
| | | | | | |
| | | | 164 | | |
| | | | 160 | | |
| | | | | | _ |
| | -T (sec | tion 501(c) | | | |
| tion 6104 requires an organization to make its Forms 1023 (1024 or 1024-A_if applicable), 990, and 990 | | 50 1(0) | | | |
| | the organization have a written whistleblower policy? the organization have a written document retention and destruction policy? the process for determining compensation of the following persons include a review and approval by ependent persons, comparability data, and contemporaneous substantiation of the deliberation and decise organization's CEO, Executive Director, or top management official er officers or key employees of the organization fee" to line 15a or 15b, describe the process on Schedule O. See instructions. The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement a taxable entity during the year? Tes," did the organization follow a written policy or procedure requiring the organization to evaluate its icipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the anization's exempt status with respect to such arrangements? The C. Disclosure The states with which a copy of this Form 990 is required to be filed NONE | the organization have a written whistleblower policy? the organization have a written document retention and destruction policy? the process for determining compensation of the following persons include a review and approval by ependent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? organization's CEO, Executive Director, or top management official er officers or key employees of the organization (es" to line 15a or 15b, describe the process on Schedule O. See instructions. the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement a taxable entity during the year? 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Check all that apply. | the organization have a written whistleblower policy? the organization have a written document retention and destruction policy? the process for determining compensation of the following persons include a review and approval by ependent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? organization's CEO, Executive Director, or top management official er officers or key employees of the organization fee" to line 15a or 15b, describe the process on Schedule O. See instructions. the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement a taxable entity during the year? fee," did the organization follow a written policy or procedure requiring the organization to evaluate its icipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the anization's exempt status with respect to such arrangements? 16b 16c. 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DRAYTON SMITH

PENSACOLA

and financial statements available to the public during the tax years

State the name, address, and telephone number of the person who possesses the organization's books and records

1716 E OLIVE ROAD

Form 990 (2022) MINISTRY VILLAGE AT OLIVE, INC. 26-2

6-2795365

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee,"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of 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. Position (F) (D) (E) (B) (A) (do not check more than one Reportable Reportable Estimated amount Name and title Average box, unless person is both an compensation of other compensation hours officer and a director/trustee) from related compensation from the per week organization (W-2/ organizations (W-2/ from the (list any Former 1099-MISC/ 1099-MISC/ organization and stitutional ghest compensated dividual trustee hours for employee related organizations 1099-NEC) 1099-NEC) related organizations below trustee dotted line) (1) DRAYTON SMITH 40.00 776 0 EXECUTIVE DIRECTOR 0.00 (2) PATRICIA CLAY 0.00 0 Ω 0 X DIRECTOR 0.00 (3) KATHY CLEMENTS 0.00 0 0 0 0.00 DIRECTOR (4) CLIFF COLLEY 0.00 0 0 0 DIRECTOR 0.00 (5) JARED GANN 0.00 0 0 0 DIRECTOR 0.00 (6) JIM HARRIS 0.00 0 0 0 0.00 DIRECTOR (7) KEITH HARROD 0.00 0 0 0 0.00 DIRECTOR HOLMES (8) CLINT 0.00 0 0 0 0.00 DIRECTOR (9) DR. STEPHEN NEWSOME 0.00 0 0 0 DIRECTOR 0.00 (10) TONYA PORTMANN 0.00 0 0 0 DIRECTOR 0.00 PRINCIPE (11) JAIME 0.00 0 0.00 0 DIRECTOR

Form **990** (2022)

| (A) Name and title | | (B) Average hours per week | (di bo | o not o x, unle | Pos check ess pe | C) sition more erson | than is bott or/trus | one n an tee) | (D) Reportable compensation from the | (E) Reportable compensation from related | Es | (F) stimated a of othe | er |
|--|---|---|-----------------------------------|---------------------------------|------------------------|-------------------------------|---------------------------------|----------------------|---|--|-------------|--|------------------|
| | | (list any hours for related organizations below dolled line) | Individual trustee or director | Instilutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | or | compensa from th rganizatio ted organ | ne on and |
| DIRECTOR (13) MITCH W | | 0.00 | Х | | | | | | 0 | 0 | | | (|
| DIRECTOR | | 0.00 | Х | | | | | | 0 | 0 | | | (|
| 1)=0.0000.000.0000.000000000000000000000 | | ************************************** | | | | | | | | | | | |
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| to tal (add lines 1) | and 1c) | | | | | | | | 71,776 71,776 | | | | |
| Total number of increportable compens | lividuals (in sation fron | ncluding but not n the organization | limi | ted t | o th | ose | liste | d ab | ove) who received more t | han \$100,000 of | | | |
| 4 For any individual I organization and re individual | a? If "Yes, isted on Iir lated orga | "complete Schene 1a, is the sun inizations greate | edulen of er the | e <i>J f</i> e repo an \$ | or su rtab 150, | ich i le co 000° | ndiv mpe ? If " | idua ensa 'Yes | tion and other compensat," complete Schedule J fo | ion from the r such | | 3 | Yes No |
| 5 Did any person liste for services rendere Section B. Independent | ed to the o | rganization? if | Yes | cor," co | mpei mple | nsati ete S | on fi Sche | om dule | any unrelated organizatio J for such person | n or individual | | 5 | X |
| 1 Complete this table | for your fi | ve highest comi | ens | sated | d ind | epe | nder | t co | ntractors that received mo | ore than \$100,000 of | V2.000-0441 | | |
| | Name and | (A) business address | - | - | | | | Care | Descript | (B) ion of services | ax year. | | (C) pensation |
| 9 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of ind received more than | ependent \$100,000 | contractors (incl of compensatio | udir n fro | ng bu | it no | t lim rgan | ited izati | to th | nose listed above) who | 0 | | | 990 (2022) |

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated business revenue (D) Revenue excluded (A) Total revenue (B) Related or exempt function revenue from tax under sections 512-514 Grants 1a Gifts, Grant ilar Amount 1a Federated campaigns **b** Membership dues 1b 54,344 c Fundraising events 1c 1d d Related organizations Contributions, and Other Simi e Government grants (contributions) 1e f All other contributions, gifts, grants, 1,314,143 and similar amounts not included above 1f g Noncash contributions included in 177,460 1q lines 1a-1f 1,368,487 h Total. Add lines 1a-1f Business Code 453310 1,090,120 1,090,120 Program Service Revenue 2a EARLY LEARNING CENTER 339,471 611600 339,471 BC SALES 11,796 11,796 623990 CHARIS HOUSE PARTICIP. FEES f All other program service revenue 1,441,387 g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 144 144 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents 6a 6b b Less: rental expenses c Rental inc. or (loss) 6c d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory b Less: cost or other 7b basis and sales exps. c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ 54,344 of contributions reported on line 39,244 8<u>a</u> 1c). See Part IV, line 18 22,483 b Less: direct expenses 8b 16,761 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 10a returns and allowances b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code 900099 89,250 89,250 INSURANCE PROCEEDS 11a 15,780 15,780 MISCELLANEOUS INCOME d All other revenue 105,030 e Total. Add lines 11a-11d 931,809 1,546,561 12 Total revenue. See instructions

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, (B) Program service (A) Total expenses (C) Management and (D) Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 41,948 41,948 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 71,776 39,477 32,299 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 432,609 410,187 22,422 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management **b** Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 54,008 40,061 13,947 12 Advertising and promotion 24.010 1.010 22,500 500 13 Office expenses Information technology 14 15 Rovalties Occupancy 16 157,671 148,401 9,270 17 Travel 13,823 13.073 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 55,749 55.749 Payments to affiliates 21 22 Depreciation, depletion, and amortization 146,482 113,116 33,366 23 Insurance 54,505 40,187 14,318 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.) FOOD 144,761 44,087 674 SUPPLIES AND PRINTING 56,206 50,974 5,232 REPAIRS AND MAINTENANCE 37,382 33.710 3,672 VENDOR SALES PROCEEDS 21.187 21,187 e All other expenses 29,402 15,727 12,516 25 Total functional expenses. Add lines 1 through 24e 2,341,519 2,168,894 170,966 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 Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year Cash-non-interest-bearing 1 247,209 797 Savings and temporary cash investments 2 99 3 Pledges and grants receivable, net Accounts receivable, net 16,638 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 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 7 Notes and loans receivable, net 8 8 Inventories for sale or use 5,500 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 3,162,671 10a 932.863 2,343,820 2,229,808 **b** Less: accumulated depreciation 10b 10c 11 Investments—publicly traded securities 12 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 3,028,428 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 57.599 17 17 Accounts payable and accrued expenses 18 18 Grants payable 6.709 Deferred revenue 19 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 1,455,016 395,358 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 395,358 519,324 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here X Balances and complete lines 27, 28, 32, and 33. 1,046,639 1,388,900 Net assets without donor restrictions 47,826 28 244,170 28 Net assets with donor restrictions Fund Organizations that do not follow FASB ASC 958, check her and complete lines 29 through 33. ŏ 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 31 31

1,633,070

094,465

789

32

33

let

32

Total net assets or fund balances

Total liabilities and net assets/fund balances

| Part X | (2022) MINISTRY VILLAGE AT OLIVE, INC. 26-2795365 Reconciliation of Net Assets | | | | Page | 12 |
|---|--|------|-----|----------|------|----------|
| i ait Ai | Check if Schedule O contains a response or note to any line in this Part XI | | | | _ | |
| 1 Tota | PROVINCE AND A STATE OF THE PROVINCE AND ADDRESS OF THE PR | 1 | 2 | 021 | ,80 | _ |
| 2 Tota | I revenue (must equal Part VIII, column (A), line 12) I expenses (must equal Part IX, column (A), line 25) | 2 | | | ,51 | |
| o Keve | enue less expenses. Subtract line 2 from line 1 | 3 | | | ,29 | |
| 4 Net | assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | | ,46 | |
| Net | unrealized gains (losses) on investments | 5 | | UJA | 140 | J |
| Don | ated services and use of facilities | 6 | | -03 | , 85 | 5 |
| 7 Inve | stment expenses | 7 | | | ,00 | J |
| Prior | period adjustments | 8 | | 42 | ,17 | O |
| | er changes in net assets or fund balances (explain on Schedule O) | 9 | | -12 | 1 1 | <u>U</u> |
| | assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | _ |
| | column (B)) | 10 | 1 | 633 | ,07 | n |
| art XI | and the potation | | | 000 | 101 | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | Σ | |
| | | | | | | |
| | ounting method used to prepare the Form 990: Cash Accrual X Other MODIFIED (| CASH | _ [| - | es N | 0 |
| If the Sche a Were If "Ye | e organization changed its method of accounting from a prior year or checked "Other," explain on edule O. e the organization's financial statements compiled or reviewed by an independent accountant? es," check a box below to indicate whether the financial statements for the year were compiled or | CASH | | 2a > | | 0 |
| If the Sche Sche If "Ye revie X S | e organization changed its method of accounting from a prior year or checked "Other," explain on edule O. e the organization's financial statements compiled or reviewed by an independent accountant? es," check a box below to indicate whether the financial statements for the year were compiled or ewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis ethe organization's financial statements audited by an independent accountant? | CASH | | | | _ |
| If the Sche Sche Sche Were If "Ye sepa | e organization changed its method of accounting from a prior year or checked "Other," explain on edule O. e the organization's financial statements compiled or reviewed by an independent accountant? es," check a box below to indicate whether the financial statements for the year were compiled or ewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis the organization's financial statements audited by an independent accountant? es," check a box below to indicate whether the financial statements for the year were audited on a parate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis | CASH | | 2a ∑ | < | |
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| If the Sche Sche Sche Were If "Ye reviee Sche Sche If "Ye sepa If "Ye sepa If the a If the Sche | e organization changed its method of accounting from a prior year or checked "Other," explain on adule O. The the organization's financial statements compiled or reviewed by an independent accountant? The set of the organization's financial statements compiled or reviewed by an independent accountant? The set of the year were compiled or reviewed on a separate basis, consolidated basis, or both: The organization's financial statements audited by an independent accountant? The organization's financial statements audited by an independent accountant? The organization's financial statements and its financial statements for the year were audited on a state basis, consolidated basis, or both: The organization consolidated basis are to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of state organization of its financial statements and selection of an independent accountant? The organization changed either its oversight process or selection process during the tax year, explain on endule O. | CASH | 2 | 2a ∑ | < | _ |
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| If the Sche Sche Verd If "You revie X S S S S S S S S S S S S S S S S S S | e organization changed its method of accounting from a prior year or checked "Other," explain on edule O. The the organization's financial statements compiled or reviewed by an independent accountant? The set," check a box below to indicate whether the financial statements for the year were compiled or extended on a separate basis, consolidated basis, or both: The organization's financial statements audited by an independent accountant? The organization's financial statements audited by an independent accountant? The organization's financial statements audited by an independent accountant? The organization indicate whether the financial statements for the year were audited on a strate basis, consolidated basis, or both: The organization consolidated basis are both consolidated and separate basis The organization consolidated basis are statements and selection of an independent accountant? The organization changed either its oversight process or selection process during the tax year, explain on edule O. The organization required to undergo an audit or audits as set forth in the | CASH | 2 | 2a > | < | |

SCHEDULE A (Form 990)

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.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

4

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

Inspection

Employer identification number

Name of the organization 26-2795365 MINISTRY VILLAGE AT OLIVE, INC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 X 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 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11

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.

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. 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.

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.

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.

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.

Enter the number of supported organizations

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | listed in you | organization ur governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---------------|---------------------------------------|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total Total | | | | | | |

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

Page 2

m 990) 2022 MINISTRY VILLAGE AT OLIVE, INC. 26-2795365
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

| Amounts from line 4 Gross income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization of old vicinity of the sale of capital assets (Explain in Part VI.) Public support percentage from 2021 Schedule A, Part II, line 14 33 1/3% support test—2022. 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. The organization qualifies as a publicly supported organization as a publicly supported organization flow the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization of the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization organization meets the facts-and-circumstances test. The orga | Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 202 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | (e) 2022 | (f) Total |
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| 1 Giffs, grants, contributions, and memberarity flees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to "expended on its behalf and either paid to grantzation's benefit and either paid to grantzation shown without charge and grants." 3 The value of services or facilities furnished by a governmental unit to the organization 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) 8 Public support. Subtred line 5 from line 4 9 Public support. Subtred line 5 from line 4 8 Cross income from interest, dividends, payments received on securities loans, payments received on the late of late of the late of late | membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | |
| 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 of the program 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 sown on line 11, column (f) 5 Public support soldract line 5 from line 4 8 Cross income from interest, dividends, payments received on securities loans, reints, royaltes, and income from interest, dividends, payments received on securities loans, reints, royaltes, and income from unrelated business as activities, whether or not the business is regularly carried on sold the sold of securities on the sale of capital assets (Seplain in Part VI). 1 Total support. Add lines 7 through 10 1 Cross receips from related activities, etc. (see instructions) 2 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 4 Public support percentage from 2021 (Gine 6, column (f) divided by line 11, column (f)) 1 3 Ji3% support test—2022. 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 meets the facts-and-circumstances test—2021. 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 meets the facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, 17b, or 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, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. Check this box and stop here. Explain in P | organization's benefit and either paid to or expended on its behalf | | |
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m 990) 2022 MINISTRY VILLAGE AT OLIVE, INC. Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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.)

| 500 | tion A. Public Support | quality arras. | (0010 | - In a second | | | |
|--------------|--|--|----------------------|---|-------------------|----------------|--------------|
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2010 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Gifts, grants, contributions, and membership fees | (a) 2010 | (b) 2019 | (0) 2020 | (u) 2021 | (e) 2022 | (i) Total |
| 1 | received. (Do not include any "unusual grants,") | 961,283 | 863,090 | 940,956 | 980,438 | 1,368,487 | 5,114,254 |
| 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 | 421,997 | 1,088,724 | 1,004,915 | 1,249,690 | 1,585,805 | 5,351,131 |
| 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 | 1,383,280 | 1,951,814 | 1,945,871 | 2,230,128 | 2,954,292 | 10,465,385 |
| 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 | | | | | | |
| _ | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | 10,465,385 |
| | tion B. Total Support | | - | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 9 | Amounts from line 6 | 1,383,280 | 1,951,814 | 1,945,871 | 2,230,128 | 2,954,292 | 10,465,385 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 327 | 202 | 41 | 24 | 144 | 738 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | 327 | 202 | 41 | 24 | 144 | 738 |
| 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.) | 1,383,607 | 1,952,016 | 1,945,912 | 2,230,152 | 2,954,436 | 10,466,123 |
| 14 | First 5 years. If the Form 990 is for the o | | | | | | 20, 100, 120 |
| | organization, check this box and stop he | _ | | | | | П |
| Sec | tion C. Computation of Public S | | ntage | *************************************** | | | |
| 15 | Public support percentage for 2022 (line | | | umn (f)) | | 15 | 99.99% |
| 16 | Public support percentage from 2021 Sch | the state of the state of the state of | ALCOHOL WILL | | | 16 | 99.99% |
| Sec | tion D. Computation of Investm | | | | | | |
| 17 | Investment income percentage for 2022 | (line 10c, column (| (f), divided by line | 13, column (f)) | | 17 | % |
| 18 In | vestment income percentage from 2021 S | Schedule A, Part II | I, line 17 | | | 18 | % |
| | 33 1/3% support tests—2022. If the org | | | ine 14, and line 1 | 5 is more than 33 | 1/3%, and line | (==) |
| | 17 is not more than 33 1/3%, check this b | | | | | | X |
| b | 33 1/3% support tests—2021. If the org | | | | | | |
| | line 18 is not more than 33 1/3%, check t | | | | | | |
| 20 | Private foundation. If the organization d | id not check a box | on line 14, 19a, | or 19b, check this | box and see inst | ructions | 101911011 |

Part IV **Supporting Organizations**

(Complete only if you checked a box on 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 | Supportin | ng Orgai | nizations |
|----------------|-----------|----------|-----------|
|----------------|-----------|----------|-----------|

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

| î | | Yes | No |
|-----|----------|---------|----------|
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| | 1 | | |
| | 2 | | |
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| | 10a | | |
| _ | 10b | | |
| che | dule A | (Form 9 | 90) 2022 |

Schedule A (Form 990) 2022

| _Par | rt IV Supporting Organizations (continued) | | | |
|------|---|-------------|---------|----------|
| | 3v | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, | | | |
| • | provide detail in Part VI. | 11c | | |
| Sect | ion 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 | e or | | |
| 8 | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office | | | |
| | 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 supp | orted | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among | | | |
| | | 1 1 | | |
| • | 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 | | |
| Sect | ion 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 | | |
| Sect | ion 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 | | |
| Sect | ion 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 inst | ructions) | | |
| 'a | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization satisfied the Activities rest. complete ine 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity</i> (| see instruc | tions) | |
| C | | Jee midirae | Yes | No |
| 2 | Activities Test. Answer lines 2a and 2b below. | | 163 | INU |
| а | 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 | | |
| DAA | | Schedule A | (Form 9 | 90) 2022 |

| Schedule A (Form 990) 2022 MINISTRY VILLAGE AT OLI | | | 5365 Page 6 |
|---|----------------|--------------------------|-----------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporti | | | |
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying tr | | 18 B 500 L 50 C C C | 595,000 |
| instructions. All other Type III non-functionally integrated supporting organiza | ations must co | mplete Sections A thro | |
| 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 | 1 1 | | |
| property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors | | | |
| (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 0.035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C – Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 Enter 0.85 of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functionally in | ntegrated Tvp | e III supporting organiz | ation |
| (see instructions). | | | |

3

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Distributable amount for 2022 from Section C, line 6

Line 8 amount divided by line 9 amount

| Secti | on E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) Distributable Amount for 2022 |
|-------|---|-----------------------------|--|---|
| 1 | Distributable amount for 2022 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reasonable cause required–explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | |
| а | From 2017 | | | |
| b | From 2018 | | | |
| С | From 2019 | | | |
| d | From 2020 | | | |
| e | From 2021 | | | |
| f | Total of lines 3a through 3e | | | |
| | Applied to underdistributions of prior years | | | |
| h | Applied to 2022 distributable amount | | | |
| i | Carryover from 2017 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2022 from Section D. line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| | Applied to 2022 distributable amount | | | |
| | Remainder, Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 | Remaining underdistributions for 2022. 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 2023. Add lines 3j and 4c. | | (4) | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2018 | | | |
| b | Excess from 2019 | | | |
| С | Excess from 2020 | | | |
| d | Excess from 2021 | | | |
| е | Excess from 2022 | | | |

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| Schedule A (For | m 990) 2022 | | MIN | IISTR | Y VI | LLAGE | E AT | OLI | VE, | INC. | 2 | 26-2 | 7953 | 365 | | Page 8 |
|--|--|----------------------|--|---|---|--|-------------------------------|---|---|-------------------------------|---|--|--------------------------------|--------------------------|--|--|
| Part VI | Supplem III, line 12 B, lines 1 3a, and 3 | !; Part I\ and 2; | nformat V, Section Part IV, | ion. Pro on A, lin Section | ovide t nes 1, n C, lin | he expla 2, 3b, 3 ne 1; Pa | anation c, 4b, rt IV, S | ns requ 4c, 5a, Section | ired b 6, 9a, D, line | y Part , 9b, 9d es 2 ar | II, line c, 11a, nd 3; P | 10; P 11b, art IV | art II, I and 11 , Secti | ine 1 lc; Pa on E, | art IV, lines | 17b; Part Section 1c, 2a, 2t |
| | lines 2, 5, | and 6. | Also co | mplete | this pa | art for a | ny add | litional | inform | nation. | (See ir | nstruc | tions.) | | | |
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Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number

MINISTRY VILLAGE AT OLIVE, INC. 26-2795365

| Organization type (check or | ne): |
|---|--|
| Filers of: | Section: |
| Form 990 or 990-EZ | \boxed{X} 501(c)(3) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | 527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |
| | |
| | covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See |
| General Rule | |
| | iling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a ntributions. |
| Special Rules | |
| regulations under sec 16b, and that receive | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% support test of the ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or and from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or to (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. |
| contributor, during th | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one e year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, all purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III. |
| contributor, during th contributions totaled during the year for ar | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one e year, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received in exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the so this organization because it received nonexclusively religious, charitable, etc., contributions for eduring the year. |
| Caution: An organization that must answer "No" on Part IV | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it /, 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 |

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization

MINISTRY VILLAGE AT OLIVE, INC.

Employer identification number

26-2795365 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Person Payroll \$ 744,117 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Person Payroll 284,283 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll \$ 30,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 4 Person X Payroll 14,000 Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 5 Person Payroll 5,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Type of contribution **Total contributions** 6 Person Payroll 5,000 Noncash (Complete Part II for noncash contributions.)

2000 2

Schedule B (Form 990) (2022)

Name of organization

MINISTRY VILLAGE AT OLIVE, INC.

Employer identification number 26-2795365

| Part I | 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 | | | | |
| 7 | | \$ 7,500 | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | |
| (a) | (b) | (c) | (d) | | | | |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution | | | | |
| 8 | | s 10,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | |
| (a) | (b) | (c) | (d) | | | | |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution | | | | |
| 9 | | s 5,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | |
| (a) | (b) | (c) Total contributions | (d) Type of contribution | | | | |
| No. | Name, address, and ZIP + 4 | \$ 5,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | |
| 11 | | s 5,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | |
| 12 | | s 5,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | |

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 Open to Public Inspection

Name of the organization Employer identification number MINISTRY VILLAGE AT OLIVE, INC. 26-2795365 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 Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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 Assets included in Form 990, Part X

| Schedule D (Form 990) 2022 MINISTR | Y VILLAGE A | T OLIVE, I | NC. 26- | 2795365 | Page 2 |
|---|--|--|-----------------------|---|---------------------|
| Part III Organizations Maintain | | | | | sets (continued) |
| 3 Using the organization's acquisition, acc collection items (check all that apply): | ession, and other reco | ords, check any of the | e following that mak | e significant use of its | |
| a Public exhibition | d 🗍 | Loan or exchange p | rogram | | |
| b Scholarly research | e 🗍 | Other | | | |
| c Preservation for future generations | | | | | |
| 4 Provide a description of the organization | 's collections and exp | lain how they further | the organization's e | xempt purpose in Part | í |
| XIII. | | | | | |
| 5 During the year, did the organization sol | icit or receive donatior | ns of art, historical tre | easures, or other sim | nilar | |
| assets to be sold to raise funds rather th | an to be maintained a | s part of the organiza | ation's collection? | | Yes No |
| Part IV Escrow and Custodial | | | | | |
| Complete if the organiza | ition answered "Yo | es" on Form 990 | , Part IV, line 9, | or reported an am | ount on Form |
| 990, Part X, line 21. | | | | | |
| 1a Is the organization an agent, trustee, cu | stodian or other interm | ediary for contribution | ons or other assets r | ot | |
| included on Form 990, Part X? | | 300 SECTION OF THE SE | | 000000000000000000000000000000000000000 | Yes No |
| b If "Yes," explain the arrangement in Part | XIII and complete the | following table: | | (1 | |
| | | | | | Amount |
| | (****************** | | | | |
| d Additions during the year | 01600000006000000000000 | 00/01/01/01/01/01/01/01/01/01/01/01/01/0 | | 1d | |
| e Distributions during the year | 01/01/01/01/01/01/01/01/01/01/01/01/01/0 | | | 1e | |
| f Ending balance | nnunannauaneuaneuaneua | | | | |
| 2a Did the organization include an amount | | | | | Yes No |
| b If "Yes," explain the arrangement in Part | XIII. Check here if the | e explanation has be | en provided on Part | XIII | AND TOTOLOGICA |
| Part V Endowment Funds. | n sw. | W 75 5524 | | | |
| Complete if the organiza | | es" on Form 990 | | | 1 |
| | (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 bala | nce (line 1g, column | (a)) held as: | | |
| a Board designated or quasi-endowment | , | | | | |
| 10.000.000.000.000.000.000.000.000.000. | % | | | | |
| c Term endowment % | | | | | |
| The percentages on lines 2a, 2b, and 2d | · · | | | | |
| 3a Are there endowment funds not in the pe | ossession of the organ | lization that are held | and administered to | r the | lv lu |
| organization by: | | | | | Yes No |
| | | | | **** | 3a(i) |
| (ii) Related organizations | | | | | 3a(ii) |
| b If "Yes" on line 3a(ii), are the related org | | | | | 3b |
| 4 Describe in Part XIII the intended uses of | | ndowment tunds. | | | |
| Part VI Land, Buildings, and E Complete if the organiza | | es" on Form 000 | Part IV line 11 | a See Form 900 | Part X line 10 |
| | (a) Cost or other I | | | a. See Form 990, | (d) Book value |
| Description of property | (investment) | | | depreciation | (w) book value |
| da land | (wivesiment) | | 59,100 | Art a second at | 259,100 |
| 1a Land | V | | 07,907 | | 2,507,907 |
| b Buildings | | 2,3 | 1,850 | | 1,850 |
| c Leasehold improvements | (44) | 2 | 93,814 | | 393,814 |
| d Equipment | | | 73,014 | 932,863 | -932,863 |
| e Other Total. Add lines 1a through 1e. (Column (d) n | uet equal Form 900 / | Part X column (P) 16 | ne 10c l | 332,003 | 2,229,808 |
| i Otali, Add lilles Ta tilloudil Te, (Coluillii (0) // | iusi equal i Ullil 330, f | art A, COIUIIIII (D), III | 10 100.) | | 4,440,000 |

Schedule D (Form 990) 2022

(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

DAA

Schedule D (Form 990) 2022

| Sche | edule D (Form 990) 2022 MINISTRY VILLAGE AT OLIV | E, INC. 20 | <u>6-2795365</u> | Page 4 |
|-----------|--|--|--|------------|
| Pa | rt XI Reconciliation of Revenue per Audited Financial | Statements With F | Revenue per Return. | |
| | Complete if the organization answered "Yes" on Form | n 990, Part IV, line | 12a. | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| | Net unrealized gains (losses) on investments | 2a | | |
| h | Donated services and use of facilities | 2b | | |
| | Recoveries of prior year grants | 2c | | |
| 4 | Other (Describe in Part VIII.) | 2d | | |
| u | Other (Describe in Part XIII.) Add lines 2a through 2d | K21040000 | 2e | |
| е 3 | | | 3 | |
| J | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | 10.00.00.00.00.00.00.00.00.00.00.00.00.0 | |
| * | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| a | 2181201010 | 4b | | |
| | ************************************** | *260000 | 4c | |
| | Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | * * * * * * * * * * * * * * * * * * * | | |
| | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Fan I, line I | Ctatamente With | Expanses per Peturn | |
| Pa | art XII Reconciliation of Expenses per Audited Financia | | | • |
| | Complete if the organization answered "Yes" on For | n 990, Part IV, line | | |
| | Total expenses and losses per audited financial statements | | ··························· 1 | |
| | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 - 1 | | |
| а | Donated services and use of facilities | 2a | | |
| Ь | Prior year adjustments | 2b | | |
| С | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | ne en commence de la | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1; | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| h | Other (Describe in Part XIII.) | 4b | | |
| D | (A 4) = A 4) (A 4) | ******* | | |
| С | Add lines 4a and 4b | | 4c | |
| 5 | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line | 18.) | 4c 5 | |
| 5 Pa | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information. | | 5 | |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | d 4; Part IV, lines 1b and | 5 2b; Part V, line 4; Part X, lin | ne |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information. | d 4; Part IV, lines 1b and | 5 2b; Part V, line 4; Part X, lin | ne |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | d 4; Part IV, lines 1b and | 5 2b; Part V, line 4; Part X, lin | ne |
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| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | d 4; Part IV, lines 1b and | 5 2b; Part V, line 4; Part X, lin | е |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | d 4; Part IV, lines 1b and | 5 2b; Part V, line 4; Part X, lin | ie |
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| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | d 4; Part IV, lines 1b and to provide any additiona | 5 2b; Part V, line 4; Part X, lin | |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and to provide any additiona | 2b; Part V, line 4; Part X, lind information. | |
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| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and to provide any additiona | 2b; Part V, line 4; Part X, lin | |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and to provide any additiona | 2b; Part V, line 4; Part X, lin | |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and to provide any additiona | 2b; Part V, line 4; Part X, lin | |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and to provide any additiona | 2b; Part V, line 4; Part X, lin | |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and to provide any additiona | 2b; Part V, line 4; Part X, lin I information. | |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and to provide any additiona | 2b; Part V, line 4; Part X, lin I information. | |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and to provide any additiona | 2b; Part V, line 4; Part X, lin I information. | |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and to provide any additiona | 2b; Part V, line 4; Part X, lin I information. | |
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| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and to provide any additional | 2b; Part V, line 4; Part X, lin I information. | |
| 5 Prov | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | d 4; Part IV, lines 1b and to provide any additional | 2b; Part V, line 4; Part X, lin I information. | |

| Schedule D (| Form 990) 202: | MINISTRY MINISTRY | Y VILLAGE | AT OLIVE | , INC. | 26-279536 | 55 Page 5 |
|--|---|---|---|---|---|--|---|
| Part XIII | Suppleme | ental Informat | ion (continued) | | | 26-279536 | |
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| S. 000000000000 | | en marking against | | | | | |
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SCHEDULE G (Form 990)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

| Name of the organization | AT OTTUE | TN | C | | Employer identifica 26-27953 | |
|--|----------------------|---|------------------------|--------------------------------------|--|---|
| Part I Fundraising Activities. Complete | e if the organiz | ration: | ans. | vered "Yes" on Fo | orm 990 Part IV. | line 17. |
| Form 990-EZ filers are not require | ed to complete | this p | art. | | | |
| 1 Indicate whether the organization raised funds through | ugh any of the follo | owing a | ctivitie | es. Check all that appl | y. | |
| a Mail solicitations | e Solicitation | on of no | n-gov | vernment grants | | |
| b Internet and email solicitations | f Solicitation | on of go | vernr | ment grants | | |
| c Phone solicitations | g Special f | undraisi | ng ev | vents | | |
| d In-person solicitations | | | | | | |
| 2a Did the organization have a written or oral agreeme or key employees listed in Form 990, Part VII) or er | tity in connection | with pro | fessi | onal fundraising service | ces? | Yes No |
| b If "Yes," list the 10 highest paid individuals or entitie compensated at least \$5,000 by the organization. | es (fundraisers) pu | rsuant t | o agr | eements under which | the fundraiser is to b |)e |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activily | (iii) Did raiser custoo contribu | have dy or ol of | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | |
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| Total | | | | | | |
| List all states in which the organization is registered registration or licensing. | d or licensed to so | licit cont | tributi | ions or has been notifi | ed it is exempt from | |
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Schedule G (Form 990) 2022

| art | : II Fundraising E than \$15,000 o | MINISTRY VILLAGE vents. Complete if the orga f fundraising event contribudreater than \$5,000. | inization answered "Yes" | on Form 990, Part IV, I | Page 2 ine 18, or reported m and 6b. List events |
|----------|---|--|------------------------------------|---------------------------------------|---|
| | | (a) Event #1 CLAY SHOOT (event type) | (b) Event #2 | (c) Other events NONE (total number) | (d) Total events (add col. (a) through col. (c)) |
| 1 | Gross receipts | 93,588 | | | 93,588 |
| | Less: Contributions Gross income (line 1 minus | 54,344 | | | 54,344 |
| _ | line 2) Cash prizes | 39,244 1,400 | | | 39,244 1,400 |
| | Noncash prizes | 1,685 | | | 1,685 |
| 6 | Rent/facility costs | 9,666 | | | 9,666 |
| 7 | Food and beverages | | | | |
| 8 | Entertainment | 2,000 | | | 2,000 |
| 9 | Other direct expenses | 7,732 | | | 7,732 |
| 11 | Net income summary. Set III Gaming. Com | v. Add lines 4 through 9 in column ubtract line 10 from line 3, column uplete if the organization and orm 990-EZ, line 6a. | (d) | | 22, 483 16, 761 eported more than |
| | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c)) |
| | Gross revenue Cash prizes | | | | |
| 3 | Noncash prizes | | | | |
| 4 | Rent/facility costs | | | | * |
| 5 | Other direct expenses | Yes % | Yes % | Yes % | |
| 7 | | No | No (d) | No | |
| Er Is | nter the state(s) in which the the organization licensed to | ne organization conducts gaming a | activities: ch of these states? | | Yes No |

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

| Sche | edule G (Form 990) 2022 MINISTRY VILLAGE AT OLIVE, INC. 26-2795365 | Page 3 |
|---------|---|---|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity | |
| | formed to administer charitable gaming? | Yes No |
| 13 | Indicate the percentage of gaming activity conducted in: | 420 |
| a | | 13a % 13b % |
| b 14 | An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and | 70 |
| 14 | records: | |
| | Name | |
| | Address | ****** |
| | 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 \$ | |
| С | If "Yes," enter name and address of the third party: | |
| | Name | |
| | Name | |
| | Address | |
| 16 | Gaming manager information: | |
| | Name | 1212 |
| | Gaming manager compensation \$ | |
| | Description of services provided | |
| | Director/officer Employee Independent contractor | |
| 17 | Mandatory distributions: | |
| а | 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 | |
| Pa | spent in the organization's own exempt activities during the tax year \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns of Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional in the organization of the provided in the provided in the organization of the provided in the provided in the organization of the provided in the provid | (iii) and (v); and nformation. |
| _ | See instructions. | |
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Schedule G (Form 990) 2022

SCHEDULE (Form 990)

Part II

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Part

Grants and Other Assistance to Organizations,

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 **%** Open to Public OMB No 1545-0047 Inspection 2022 (h) Purpose of grant Employer identification number or assistance Yes 26-2795365 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of noncash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22, Governments, and Individuals in the United States Go to www.irs.gov/Form990 for the latest information. noncash assistance (e) Amount of Attach to Form 990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant (c) IRC section (if applicable) INC. General Information on Grants and Assistance MINISTRY VILLAGE AT OLIVE, (p) EIN (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization

For Paperwork Reduction Act Notice, see the Instructions for Form 990. $^{\rm DAA}$ Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) (2022)

(e) Method of valuation (book, (f) Description of noncash assistance FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. FMV(d) Amount of noncash assistance

Part IV

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(c) Amount of cash grant

(b) Number of recipients

(a) Type of grant or assistance

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26-2795365

INC.

Schedule I (Form 990) (2022) MINISTRY VILLAGE AT OLIVE,

Part III

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization Employer identification number MINISTRY VILLAGE AT OLIVE, INC. 26-2795365 Part I Types of Property (a) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests Books and publications Clothing and household goods Cars and other vehicles 6 7 Boats and planes Intellectual property 9 Securities — Publicly traded 10 Securities - Closely held stock Securities — Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation contribution - Historic structures Qualified conservation contribution — Other 15 Real estate - Residential 16 Real estate — Commercial 17 Real estate — Other 18 Collectibles Food inventory 19 3500 82,619 **FMV** 20 Drugs and medical supplies 21 Taxidermy Historical artifacts 22 23 Scientific specimens 24 Archeological artifacts 25 Other (OFFICE SPACE 944 FMV 26 Other (ACCOUNTING 911 **FMV** 27 Other (SUPPLIES 4 986 FMV 28 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 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a 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 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a

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

b If "Yes," describe in Part II.

describe in Part II.

| Schedule M (F | orm 990) 2022 MIN | ISTRY VIL | LAGE AT C | DLIVE, IN | IC. 26- | 2795365 | Page 2 |
|---------------------------|--|--|---|----------------------------------|---|---|--|
| Part II | Supplemental the organizatio | Information. In is reporting in | Provide the inf n Part I, colum | ormation requ in (b), the nun | iired by Part I, nber of contribu | lines 30b, 32b, an utions, the numbe | d 33, and whether r of items received, |
| - | or a combination | on of both. Also | complete this | s part for any | additional infor | mation. | |
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SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

| Name of the organization | 26-2795365 |
|--|---|
| FORM 990, PART VI - ADDITIONAL INFORMATION THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLI | |
| POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLICATION, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLICATION STATEMENTS AVAILABL | O REVIEW FORM 990 |
| FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCI | OSURE EXPLANATION |
| FORM 990, PART XII, LINE 1 - CHANGE IN ACCOUNTING METHOR THE FISCAL YEAR ENDING MARCH 31, 2023, THE ORGANIZATION OF PREPARING ITS FINANCIAL STATEMENTS ON THE MODEL ACCOUNTING. PRIOR TO APRIL 1, 2022, THE ORGANIZATION OF WERE PREPARED IN ACCORDANCE WITH ACCOUNTING PRINCIPLES IN THE UNITED STATES OF AMERICA. MANAGEMENT BELIEVES OF RESULTS IN MORE RELEVANT FINANCIAL REPORTING THAT IS BEEN TO UNDERSTAND, APPLY, AND USE IN THE ORGANIZATION'S CONSIDERING THE NEEDS OF THE USERS OF THE FINANCIAL STATES. | ZATION ADOPTED A DDIFIED CASH BASIS OF S FINANCIAL STATEMENTS S GENERALLY ACCEPTED THAT THIS CHANGE EASIER AND LESS COSTLY IRCUMSTANCES AND |

Form 990 Two Year Comparison Report 2021 & 2021 & 2022

For calendar year 2022, or tax year beginning 04/01/22 , ending 03/31/23

Taxpayer Identification Number Name MINISTRY VILLAGE AT OLIVE, INC. 26-2795365 2021 2022 Differences 980,438 368,487 388,049 1. 1. Contributions, gifts, grants 2. 2. Membership dues and assessments 3. Government contributions and grants 3. 387 059 4. 4. Program service revenue 144 5. Investment income 5. 6. Proceeds from tax exempt bonds 6. 7. 7. Net gain or (loss) from sale of assets other than inventory 903 8. Net income or (loss) from fundraising events 8. 28,664 16,761 9. 9. Net income or (loss) from gaming 10. 10. Net gain or (loss) on sales of inventory 8,955 105,030 96,075 11. 11. Other revenue 215,409 2,931,809 716,400 12. 12. Total revenue. Add lines 1 through 11 41,948 -6,61013. 48,558 13. Grants and similar amounts paid 14. 14. Benefits paid to or for members 776 26,059 15. 45.717 15. Compensation of officers, directors, trustees, etc. 223,177 432,609 209,432 16. 16. Salaries, other compensation, and employee benefits 17. 17. Professional fundraising fees 17,761 36,247 54,008 18. 18. Other professional fees 5,793 157,671 19. 151,878 19. Occupancy, rent, utilities, and maintenance 7,131 146,482 20. Depreciation and Depletion 20. 139,351 389,273 437,025 21. 21. Other expenses 2,034,201 341,519 307,318 22. 22. Total expenses. Add lines 13 through 21 590,290 409,082 23. Excess or (Deficit). Subtract line 22 from line 12 23. 181,208 931,809 24. ,215,409 716,400 24. Total exempt revenue 25. 25. Total unrelated revenue 340,254 1,206,307 546,561 26. Total excludable revenue 26. 2,613,789 27. Total assets 27. 3,028,428 414,639 -123,966519,324 395,358 28. Total liabilities 28. 1,633,070 094,465 538,605 29. 29. Retained earnings 30. 30. Number of voting members of governing body 31. Number of independent voting members of governing body 15 31. 32. Number of employees 73 74 32. 33. 100 100 33. Number of volunteers

| Form 990 | Tax Return History | 2022 |
|-----------------|---------------------------------|---|
| ame | MINISTRY VILLAGE AT OLIVE, INC. | Employer Identification Number 26-2795365 |

| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|-----------------------------------|------|-----------|-----------|------------|-----------|------|
| Contributions, gifts, grants | | 863,090 | 940,956 | 980,438 | 1,368,487 | |
| Membership dues | | | | | | |
| Program service revenue | | 1,004,203 | 952,423 | 1,197,328 | 1,441,387 | |
| Capital gain or loss | | | | | < | |
| Investment income | | - | - [] | - 1 | 1 4 | |
| Fundraising revenue (income/loss) | | 56,204 | 36,828 | 28,664 | 16,761 | |
| Gaming revenue (income/loss) | | 7 428 | 8 | 8, 955 | 105.030 | |
| Total revenue | | 1.931,127 | J . | 40 | 1 , | |
| Grants and similar amounts paid | | | - | 48, | 1 | |
| Benefits paid to or for members | | | | | | |
| Compensation of officers, etc. | | | 59,019 | 45,717 | 71,776 | |
| Other compensation | | 1,186,838 | 1,165,085 | 1,223,177 | 1,432,609 | |
| Professional fees | | 88,883 | 42,847 | 36,247 | 54,008 | |
| Occupancy costs | | 180,765 | 157,021 | 151,878 | 157,671 | |
| Depreciation and depletion | | 150,475 | 132,389 | 139,351 | 146,482 | |
| Other expenses | | 500,427 | 568,193 | 389,273 | 437,025 | |
| Total expenses | | 05, | 2,210,188 | 2,034,201 | 2,341,519 | |
| Excess or (Deficit) | | -274,599 | -271,439 | 181,208 | 590,290 | |
| | | 100 | 070 000 1 | 1007 310 0 | 000 100 0 | |
| I otal exempt revenue | | VI. | 4 | 16101 | 17061 | |
| Total unrelated revenue | | 000 | 390 090 | 1 206 307 | 1 516 561 | |
| l otal excludable revenue | | 107 | 000 | 4200,00 | 0000 | |
| Total Assets | | 7 | , 221,6 | 1, 613, | 5,028, | |
| Total Liabilities | | 1,699,443 | 1,952,138 | 1,519,324 | - | |
| Net Find Balances | | 922.674 | 569,491 | 1.094.465 | 1,633,070 | |

| 26-2795365 | Federal Statements | Page 3 |
|------------|--------------------|--------|
| | | |

CLAY SHOOT

Other Direct Fundraising or Gaming Expenses

| Description | Amount |
|-------------|-------------|
| OTHER | \$ |
| SUPPLIES | 7,732 |
| TOTAL | \$ 7,732 |

MINISTRY VILLAGE AT OLIVE, INC

AUDITED FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2022

TABLE OF CONTENTS

| | PAGE |
|----------------------------------|------|
| Independent Auditor's Report | 1 |
| Financial Statements: | |
| Statement of Financial Position | 3 |
| Statement of Activities | 4 |
| Statement of Functional Expenses | 5 |
| Statement of Cash Flows | 6 |
| Notes to Financial Statements | 7 |



4459-B Hwy. 90 Pace, Florida 32571 Phone: (850) 995-5000

Fax: (850) 994-4522

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Ministry Village at Olive, Inc. Pensacola, Florida

Opinion

We have audited the accompanying financial statements of Ministry Village at Olive, Inc. (a nonprofit organization), which comprise the statement of financial position as of March 31, 2022, 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 Ministry Village at Olive, Inc. as of March 31, 2022, 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 Ministry Village at Olive, 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 Ministry Village at Olive, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibility 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 Ministry Village at Olive, Inc.'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 Ministry Village at Olive, Inc.'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.

Durst Jordan, CPA, PA

Drust Juden CPA, PA

August 8, 2022

Statement of Financial Position As of March 31, 2022

ASSETS

| Current Assets | | |
|--------------------------------------|----|-----------|
| Cash | \$ | 247,831 |
| Accounts receivable | | 16,638 |
| Prepaid expenses | | 5,500 |
| Total current assets | | 269,969 |
| Non-Current Assets | | |
| Property and equipment | | |
| (Net of accumulated depreciation and | | |
| amortization of \$786,382) | | 2,343,820 |
| Total non-current assets | • | 2,343,820 |
| Total Assets | \$ | 2,613,789 |
| LIABILITIES AND NET ASSET | S | |
| Current Liabilities | | |
| Accounts payable | \$ | 9,802 |
| Accrued payroll | | 47,797 |
| Deferred revenue | | 6,709 |
| Current portion long-term debt | | 57,888 |
| Total current liabilities | | 122,196 |
| Long-Term Liabilities | | |
| Long-term debt, less current portion | | 1,397,128 |
| Total Liabilities | | 1,519,324 |
| Net Assets | | |
| Without donor restrictions | | 1,046,639 |
| With donor restrictions | | 47,826 |
| Total Net Assets | | 1,094,465 |
| Total Liabilities and Net Assets | \$ | 2,613,789 |

Statement of Activities
For the year ending March 31, 2022

| | hout Donor | | ith Donor strictions | | Total |
|---|-----------------|----|-------------------------|----|-----------|
| Revenue and Support | | · | | 0 | |
| Contributions | \$ 589,819 | \$ | 123,540 | \$ | 713,359 |
| Grants | - | | 68,113 | | 68,113 |
| In-kind donations | 100,794 | | 63,822 | | 164,616 |
| Social enterprises | 1,197,328 | | ? ≈ | | 1,197,328 |
| Fundraising events, net of cost of direct | | | | | |
| benefits to donors | 63,015 | | 2.5 | | 63,015 |
| Other income | 8,978 | | (<u>=</u> | | 8,978 |
| Net assets released from restrictions | 290,664 | | (290,664) | | 02 |
| Total revenue and support | 2,250,598 | - | (35,189) | | 2,215,409 |
| Expenses | | | | | |
| Program services: | | | | | |
| Charis House | 304,748 | | 12 | | 304,748 |
| Tender Hearts Caring Hands | 207,377 | | - | | 207,377 |
| Social enterprises | 1,274,054 | | = | | 1,274,054 |
| Other programs | 51,700 | | Ē., | | 51,700 |
| Total program services | 1,837,879 | | = | - | 1,837,879 |
| Supporting services: | | | | | |
| General and administrative | 291,969 | | = | | 291,969 |
| Fundraising | 1,747 | | | | 1,747 |
| Total supporting services | 293,716 | | <u> </u> | | 293,716 |
| Total expenses | 2,131,595 | ,, | = | | 2,131,595 |
| Change in Net Assets | 119,003 | | (35,189) | | 83,814 |
| Net Assets - Beginning of Year | 927,636 | | 83,015 | | 1,010,651 |
| Net Assets - End of Year | \$ 1,046,639 | \$ | 47,826 | \$ | 1,094,465 |

Ministry Village at Olive, Inc. Statement of Functional Expenses For the year ending March 31, 2022

| | | Total | \$ 26,837 | 22,815 | 150 | 139,351 | 97,394 | 89,564 | 40,364 | 58,513 | 12,734 | 73,338 | 14,075 | 9,322 | 1,268,894 | 59,198 | 48,558 | 11,631 | 41,306 | 499 | 78,540 | 38,512 | \$ 2,131,595 |
|-------|---------------|----------------|----------------|--------------------------------|-------------------------|-------------------------------|----------------------------|--------|-----------|------------------|---------------|-----------------------|-----------------------------|-------------------------|-----------------------|-----------------------|------------------------------------|------------|----------|-----------------------------|-----------|-----------------------|--------------|
| Total | Supporting | Services | 25,754 | 1,186 | gr. | 23,356 | 97,394 | 468 | 31,225 | ä | 2,596 | 3 | 14,000 | 4,828 | 39,349 | 5,003 | × | 7,318 | 29,288 | 499 | 11,452 | ** | 293,716 |
| | S | | 69 | | | | | | | | | | | | | | | | | | | | |
| | | Fundraising | 1,081 | 268 | • | 31 | 31 | en e | 3 | • | | | :0 | ∄ 1 | 1/1 | 86 | * | * | 300 | *) | * | ** | 1,747 |
| | | | 6∕3 | | | | | | | | | | | | | | | | | | | 3 | ∽ |
| | General and | Administrative | \$ 24,673 | 618 | ((a)) | 23,356 | 97,394 | 468 | 31,225 | 3 | 2,596 | 9 | 14,000 | 4,828 | 39,349 | 4,905 | | 7,318 | 29,288 | 499 | 11,452 | * | \$ 291,969 |
| | | A | 3 | 6 | 0 | 2 | | 9 | 6 | 3 | ∞ | ∞ | 5 | 4 | 2 | 2 | ∞ | 3 | ∞ | | ∞ | 2 | 1 0 |
| | Total Program | Services | \$ 1,083 | 21,629 | 150 | 115,995 | | 89,096 | 9,139 | 58,513 | 10,138 | 73,338 | 7 | 4,494 | 1,229,545 | 54,195 | 48,558 | 4,313 | 12,018 | | 67,088 | 38,512 | \$ 1,837,879 |
| | | - | ŀ | 4 | 6 | 115: | 70.0 | = | ā | ŝ | 725 | ā | | • | 99 | 15 | , | 27 | 992 | è | 1,486 | į | 1 1 |
| | Other | Programs | | | | | | | | | 7 | | | | 47,466 | 1,215 | | | 7 | | 1,4 | | 51,700 |
| | Ŭ | Pr | s | | | | 33 | 83 | | | | | | | | | | | | | | | € |
| | Social | Enterprises | 1,083 | 21,529 | ŧij. | 93,509 | ٠ | ٠ | 9,139 | 58,513 | 6,872 | 73,338 | 1 | 1,279 | 885,707 | 38,144 | () | 3,616 | 4,840 | * | 37,973 | 38,512 | \$ 1,274,054 |
| | | | S | | | 20 | 11411 | | 1911 | 1911 | | 040 | nan | 191 | | _ | | | | | | | |
| | Tender Hearts | Caring Hands | | 9 | 150 | | • | 75,063 | | 9 | 1,372 | • | • | • | 72,945 | 2,997 | 48,472 | 381 | 1,393 | | 4,598 | • | 207,377 |
| | Tender | Caring | S | | | | | | | | | | | | | | | | | | | | \$ |
| | | Charis House | · | 06 | Y | 22,486 | 16 | 14,022 | 3003 | 500 | 1,169 | 1000 | 75 | 3,215 | 223,427 | 11,839 | 98 | 289 | 5,019 | | 23,031 | 3 | 304,748 |
| | | Char | s | | | | | | | | | | | | | | | | | | | | ⇔ |
| | | | Advertising | Bank charges and merchant fees | Contributions to others | Depreciation and amortization | Donated services and space | Food | Insurance | Interest expense | Miscellaneous | Occupancy and rentals | Professional and legal fees | Repairs and maintenance | Salaries and benefits | Supplies and printing | Specific assistance to individuals | Technology | Travel | Unbudgeted building repairs | Utilities | Vendor sales proceeds | Total |

The accompanying notes are an integral part of these financial statements.

Statement of Cash Flows For the year ended March 31, 2022

| Cash Flows From Operating Activities | | |
|--|----|-----------|
| Change in net assets | \$ | 83,814 |
| Adjustments to reconcile change in net assets to | | |
| net cash from operating activities: | | |
| Depreciation and amortization | | 139,351 |
| Changes in operating assets and liabilities: | | |
| Accounts receivable | | 1,974 |
| Prepaid expenses | | 2,936 |
| Accounts payable | | (3,888) |
| Accrued payroll | | 22,592 |
| Deferred revenue | | (56) |
| Net cash from operating activities | | 246,723 |
| Cash Flows From Investing Activities | | |
| Purchase of property and equipment | | (132,764) |
| Net cash from investing activities | 0, | (132,764) |
| Cash Flows From Financing Activities | | |
| Principal payments on debt | 0 | (100,190) |
| Net Change in Cash | | 13,769 |
| Cash - Beginning of Year | | 234,062 |
| Cash - End of Year | \$ | 247,831 |
| Supplemental Disclosures: | | |
| Interest paid | \$ | 58,513 |

Notes to the Financial Statements For the year ending March 31, 2022

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Organization and Purpose

Ministry Village at Olive, Inc. ("Ministry Village") was organized as a not-for-profit corporation under the laws of the State of Florida in 2008 to provide human services such as medical services, shelter for women in drug and alcohol recovery, benevolence, addiction and recovery support, and other ministries as needed.

Ministry Village is primarily funded by support from the general public and Olive Baptist Church, of which it is a separate ministry.

In 2013, Ministry Village began operating the Bargain Center, a retail operation, where home furnishings, clothes, and other miscellaneous items are donated and then sold to the community at a greatly reduced price.

In 2017, The Board of Directors of Ministry Village voted to move forward in establishing an Early Learning Center on the Ministry Village Campus with the purpose of expressing the love of Christ thru discipleship and early learning education to the children in our area. A feasibility study of an Early Learning Center was conducted, and the results indicated a positive cash flow. The Early Learning Center opened in September 2018.

B. Basis of Accounting and Presentation

The accompanying financial statements of the Organization have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America. Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Accounting Standards Codification (ASC) Topic 958, Not-for-Profit Entities. Under ASC 958, the Organization is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions. A description of the net asset categories are as follows:

<u>Net assets without donor restrictions</u> – The part of net assets of a not-for-profit that is not subject to donor-imposed restrictions. Net assets without donor restrictions may be designated for specific purposes by action of the Board of Directors.

Net assets with donor restrictions — The part of net assets of a not-for-profit that is subject to donor-imposed restrictions. Some donors impose restrictions that are temporary in nature or purpose restricted. Other donors impose restrictions that are perpetual in nature that neither expire by passage of time nor can be fulfilled or otherwise removed by actions of the Organization. Purpose restricted net assets are deemed to be restricted for the donor-specified purpose by explicit donor stipulation. Once appropriated, purpose restricted assets are released to net assets without donor restrictions.

C. Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from these estimates.

Notes to the Financial Statements For the year ending March 31, 2022

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

D. Cash and Cash Equivalents

For purposes of the statement of cash flows, Ministry Village considers all highly liquid investments purchased with a maturity of three months or less to be cash equivalents.

The Organization maintains most of its cash at a federally insured financial institution. Accounts are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 for each institution. Uninsured cash totaled \$14,785 as of March 31, 2022.

E. Accounts Receivable

Receivables consist primarily of funds to be received from services rendered by the Organization's specific programs. Accounts receivable are stated at the amount management expects to collect from outstanding balances. No allowance for doubtful account has been established as management expects to collect all accounts owed to the Organization.

F. Property and Equipment

Property and equipment are carried at cost. Donated property is recorded at the estimated fair value on the date of the donation. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets. When assets are retired or otherwise disposed of, the cost and related accumulated depreciation are removed from the accounts, and any resulting gain or loss is reflected in income for the period. The cost of maintenance and repairs is charged to expense as incurred; renewals and betterments exceeding \$1,000 are capitalized. The range for estimated useful lives of property and equipment is as follows:

Buildings 9 to 30 years
Vehicles 5 years
Furniture, fixtures, and equipment 5 to 7 years

G. Contributions

Ministry Village records contributions received as support without donor restrictions or with donor restrictions depending on the existence and/or nature of any donor restrictions. Support that is restricted by the donor is reported as an increase in net assets without donor restrictions if the restriction expires in the reporting period in which the support is recognized. All other support with donor restrictions is reported as an increase in net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

H. In-kind Donations

Significant professional services and tangible assets are donated to Ministry Village by various individuals and organizations. Donated professional services and tangible assets are recorded at fair value at the date of donation, and are included in revenue and expenses, or capitalized where applicable, in the period received.

Notes to the Financial Statements For the year ending March 31, 2022

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

I. Social Enterprises

Social enterprises consist of revenue recognized by Ministry Village for the Bargain Center and Early Learning Center.

Bargain Center revenue is recognized by Ministry Village at the time the goods are sold. No value for donated Bargain Center inventory is included in these financial statements due to the uncertainty about realizability of the value.

Early Learning Center revenue is recognized by Ministry Village at the time the services are provided. Any amounts received for future services are included in deferred revenue in the statements of financial position.

J. Income Taxes

The Organization is organized under the laws of the State of Florida as a nonprofit corporation and was recognized as such by the State of Florida. The Organization is also recognized by the Internal Revenue Service as a nonprofit corporation under section 501(c)(3) of the Internal Revenue Code. Therefore, no provision for income taxes has been made in the accompanying financial statements. The Organization is required to file Form 990 to the Internal Revenue Service.

K. Functional Expense Allocation

The costs of providing the various programs and other activities have been detailed in the Statement of Functional Expenses and summarized on a functional basis in the Statement of Activities. Expenses directly related to a program or supporting services are charged to that program or supporting service. Labor costs of management are allocated between program services and supporting services based on established percentages of actual labor hours worked.

L. Recent Accounting Pronouncements

Leases: In February 2016, the FASB issued ASU 2016-02, Leases (Topic 842) (ASU 2016-02). The main principle of this revised accounting guidance requires that lessees recognize all leases (other than leases with a term of twelve months or less) on the balance sheet as lease liabilities, based upon the present value of the lease payments, with corresponding right of use assets. ASU 2016-02 also makes targeted changes to other aspects of the current guidance, including the lease classification criteria and the lessor accounting model. The amendments in ASU 2016-02 will be effective for the Organization for annual reporting periods ending after December 15, 2021. This guidance will be adopted on April 1, 2022. The exact impact of the adoption of the standard has yet to be determined.

M. Subsequent Events

Management has evaluated subsequent events through August 8, 2022, which is the date the financial statements were available to be issued.

Notes to the Financial Statements For the year ending March 31, 2022

NOTE 2 – PROPERTY AND EQUIPMENT

The following is a summary of property and equipment at cost less accumulated depreciation and amortization as of March 31, 2022:

| \$ 259,100 |
|-----------------|
| 2,488,019 |
| 70,081 |
| 311,152 |
| 1,850 |
| 3,130,202 |
| (786,382) |
| \$ 2,343,820 |
| \$ |

Depreciation and amortization expense amounted to \$139,351 for the year ended March 31, 2022.

NOTE 3 – LONG-TERM DEBT

On November 2, 2017, the Organization signed a loan agreement with the maximum outstanding principal balance of \$1,600,000 from a financial institution to fund construction of the Early Learning Center. The loan has a fixed interest rate of 3.85% due monthly. Principal payments began in June 2020. The loan matures on November 2, 2039. The loan is secured with a negative pledge agreement or real estate.

Long-term debt as of March 31, 2022 is summarized as follows:

| Note payable to bank: interest only payments through May 2020, | |
|--|-----------------|
| payments of \$9,617 beginning June 2020 through November 2039 | \$ 1,455,016 |
| Less current portion | (57,888) |
| Long-term debt, less current portion | \$ 1,397,128 |

Annual maturities of the note payable are as follows:

| For the year ended Mar | 2023 | \$ | 57,888 |
|------------------------|----------|----|-----------|
| | | Φ | ŕ |
| | 2024 | | 60,040 |
| | 2025 | | 62,575 |
| | 2026 | | 65,062 |
| | 2027 | | 67,647 |
| Th | ereafter | | 1,141,804 |
| | Total | \$ | 1,455,016 |

Notes to the Financial Statements For the year ending March 31, 2022

NOTE 4 - NET ASSETS WITH DONOR RESTRICTIONS

As of March 31, 2022, net assets are restricted by donors for the following purposes:

| THCH Food Pantry | \$ 21,905 |
|--------------------|--------------|
| Keep the Lights On | 25,921 |
| | \$ 47,826 |

NOTE 5 – LEASES

The Organization signed a lease for the Bargain Center building effective January 1, 2020 for \$5,500 per month. The lease term is five years.

A summary of lease payments on the building is as follows for each year ended March 31:

| 2023 | \$ 66,000 |
|-------|---------------|
| 2024 | 66,000 |
| Total | \$ 132,000 |

The Organization leases a building to the Health and Hope Clinic for \$1 per year. The estimated value of the lease is \$73,944 per year which is recorded as in-kind income and expense on the Statement of Activities.

The Organization also leases various office copy machines.

NOTE 6 - IN-KIND DONATIONS

In-kind donations for the fifteen months ended March 31, 2022 consisted of the following:

| Donated food | \$ 63,822 |
|------------------|---------------|
| Donated services | 26,850 |
| Donated space | 73,944 |
| | \$ 164,616 |

Donated food mostly consists of contributions to the food pantry. Donated services are for accounting and tree service, and donated space consists of in-kind rent from the Health & Hope Clinic.

NOTE 7 – COMMITMENTS AND CONTINGENCIES

Grants require the fulfillment of certain conditions set forth in the grant agreement and disbursement of these funds is subject to review and audit by the grantor. Failure to fulfill the conditions and any disbursements disallowed by the grantor could result in the return of funds to grantors.

Notes to the Financial Statements For the year ending March 31, 2022

NOTE 8 – CONCENTRATIONS

In the year ended March 31, 2022, the Organization received \$658,825 from Olive Baptist Church representing approximately 30% of total revenue.

NOTE 9 – ADVERTISING COSTS

Advertising costs for the fifteen months ended March 31, 2022 were \$26,837 and are expensed as incurred.

NOTE 10 - AVAILABILITY OF FINANCIAL ASSETS

The following reflects the Organization's financial assets as of March 31, 2022, reduced by amounts not available for general use because of contractual or donor-imposed restrictions within one year of the balance sheet date:

| Financial assets at 3/31/2022 | \$ 264,469 |
|--|------------|
| Less those unavailable for general expenditure within one year, due to: | |
| Donor imposed time or purpose restrictions | (47,826) |
| Financial assets available to meet cash needs for general expenditures within one year | \$ 216,643 |

As part of the Organization's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due.

NOTE 11 – RELATED PARTIES

The Organization received contributions and fundraising income from four Board members totaling approximately \$23,500.

The Bargain Center building is leased from a Board member. The annual lease is \$66,000 as mentioned in Note 5.

MINISTRY VILLAGE AT OLIVE, INC.

REVIEWED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2023

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4459-B Hwy. 90 Pace, Florida 32571 Phone: (850) 995-5000

Fax: (850) 994-4522

INDEPENDENT ACCOUNTANT'S REVIEW REPORT

To the Board of Directors of Ministry Village at Olive, Inc. Pensacola, Florida

We have reviewed the accompanying financial statements of Ministry Village at Olive, Inc. (a nonprofit organization), which comprise the statement of financial position – modified cash basis as of March 31, 2023, and the related statements of activities – modified cash basis, functional expenses – modified cash basis, and cash flows – modified cash basis for the year then ended, and the related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of entity management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of financial statements in the circumstances. Management is also responsible 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.

Accountant's Responsibility

Our responsibility is to conduct the review engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with the modified cash basis of accounting. We believe that the results of our procedures provide a reasonable basis for our conclusion.

We are required to be independent of Ministry Village at Olive, Inc. and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements related to our review.

Accountant's Conclusion

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with the modified cash basis of accounting.

Basis of Accounting

We draw attention to Note 1 (B) and Note 12 of the financial statements, which describe the basis of accounting. The financial statements are prepared in accordance with the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our conclusion is not modified with respect to this matter.

Durst Jordan, CPA, PA

Mistgriden CPA, PA

Pace, Florida October 3, 2023

Statement of Financial Position - Modified Cash Basis As of March 31, 2023

ASSETS

| Current Assets Cash | \$ 798,620 |
|---|-----------------|
| Non-Current Assets Property and equipment, net of accumulated | |
| depreciation and amortization of \$932,863 | 2,229,808 |
| Total Assets | \$ 3,028,428 |
| LIABILITIES AND NET ASSETS | |
| Current Liabilities Current portion long-term debt | \$ 60,040 |
| Long-Term Liabilities | |
| Long-term debt, less current portion | 1,335,318 |
| Total Liabilities | 1,395,358 |
| Net Assets | |
| Without donor restrictions | 1,388,900 |
| With donor restrictions | 244,170 |
| Total Net Assets | 1,633,070 |
| Total Liabilities and Net Assets | \$ 3,028,428 |

Statement of Activities - Modified Cash Basis For the year ending March 31, 2023

| | | hout Donor | ith Donor strictions | Total |
|---|----|------------|-------------------------|-----------------|
| Revenue and Support | | | | |
| Contributions | \$ | 567,540 | \$ 283,360 | \$ 850,900 |
| Grants | | | 285,783 | 285,783 |
| In-kind contributions | | 177,460 | - | 177,460 |
| Social enterprises | | 1,441,387 | (≝) | 1,441,387 |
| Fundraising events, net of cost of direct | | | | |
| benefits to donors of \$22,483 | | 71,105 | (m) | 71,105 |
| Insurance proceeds | | 89,250 | := £ | 89,250 |
| Other income | | 15,924 | - | 15,924 |
| Net assets released from restrictions | | 372,799 | (372,799) | |
| Total revenue and support | - | 2,735,465 | 196,344 | 2,931,809 |
| Expenses | | | | |
| Program services: | | | | |
| Charis House | | 339,195 | - | 339,195 |
| Tender Hearts Caring Hands | | 282,752 | : <u>-</u> : | 282,752 |
| Social enterprises | | 1,499,455 | | 1,499,455 |
| Other programs | | 47,492 | - | 47,492 |
| Total program services | - | 2,168,894 | - | 2,168,894 |
| Supporting services: | | | | |
| General and administrative | | 264,821 | a | 264,821 |
| Fundraising | | 1,659 | ~ | 1,659 |
| Total supporting services | | 266,480 | = | 266,480 |
| Total expenses | | 2,435,374 | • | 2,435,374 |
| Change in Net Assets | | 300,091 | 196,344 | 496,435 |
| Net Assets - Beginning of Year | | 1,088,809 | 47,826 | 1,136,635 |
| Net Assets - End of Year | \$ | 1,388,900 | \$ 244,170 | \$ 1,633,070 |

Ministry Village at Olive, Inc.
Statement of Functional Expenses - Modified Cash Basis
For the year ending March 31, 2023

| Total | Vendor sales proceeds | Utilities | Travel | Technology | Specific assistance to individuals | Supplies and printing | Salaries and benefits | Repairs and maintenance | Professional and legal fees | Occupancy and rentals | Miscellaneous | Interest expense | Insurance | In-kind services | In-kind facilities | Food | Depreciation and amortization | Contributions to others | Bank charges and merchant fees | Advertising | | | |
|--------------|-----------------------|-----------|--------|------------|------------------------------------|-----------------------|-----------------------|-------------------------|-----------------------------|-----------------------|---------------|------------------|-----------|------------------|--------------------|---------|-------------------------------|-------------------------|--------------------------------|---------------|--------------|---------------|-------|
| \$ 33 | | N | | | | _ | 21 | | _ | | | | _ | | | _ | 2 | | | \$ | Charis House | | |
| 339,195 | | 29,589 | 4,550 | 60 | 249 | 10,409 | 211,404 | 3,437 | 11,258 | ě | 1,841 | i) | 17,777 | ı | 1 | 13,191 | 25,409 | ¥. | 21 | • | House | | |
| 8 | | | | | | | | | | | | | | | | _ | | | | ↔ | Caring | Tender | |
| 282,752 | | 6,721 | 2,954 | 459 | 41,699 | 4,014 | 90,710 | 1,095 | į | • | 296 | () | 1,149 | Ť | ř | 130,399 | 1,141 | 1,981 | 54 | 80 | Caring Hands | Tender Hearts | |
| S | | | | | | | _ | | | | | | | | | | | | | 59 | Ent | S | |
| \$ 1,499,455 | 21,187 | 44,058 | 4,848 | 3,214 | ĵ. | 34,648 | 1,105,152 | 19,178 | 75 | 66,450 | 7,745 | 55,749 | 21,002 | · | É | | 86,566 | | 28,653 | 930 | Enterprises | Social | |
| €9 | | | | | | | | | | | | | | | | | | | | \$ | Pr | _ | |
| 47,492 | | 1,583 | 721 | ij | ř | 1,903 | 42,398 | • | žį. | 8 | 131 | | 259 | | , | 497 | · | è | • | • | Programs | Other | |
| \$ 2,168,894 | 21,187 | 81,951 | 13,073 | 3,733 | 41,948 | 50,974 | 1,449,664 | 33,710 | 11,333 | 66,450 | 10,013 | 55,749 | 40,187 | ě | ř | 144,087 | 113,116 | 1,981 | 28,728 | \$ 1,010 | Services | Total Program | |
| és | | | | | | | | | | | | | | | | | | | | \$ | Admi | Gen | |
| 264,821 | ı | 9,270 | 750 | 6,791 | 15 | 5,232 | 54,721 | 3,672 | 13,000 | ĸ | 5,725 | •0 | 14,318 | 19,911 | 73,944 | 674 | 33,366 | ((0)) | 947 | \$ 22,500 | nistrative | eral and | |
| ↔ | | | | | | | | | | | | | | | | | | | | ↔ | Func | | |
| 1,659 | | į | 52 | į | ě | į. | X. | ŧ | Ķ | £ | 400 | 6 | 763 | nę. | 200 | 2002 | 7007 | :163 | 707 | 500 | Fundraising | | |
| €9 | | | | | | | | | | | | | | | | | | | | \$ | Se | Sup | _ |
| \$ 266,480 | | 9,270 | 802 | 6,791 | ě | 5,232 | 54,721 | 3,672 | 13,000 | ě | 6,125 | É | 14,318 | 19,911 | 73,944 | 674 | 33,366 | | 1,654 | 23,000 | rvices | porting | Total |
| \$ 2, | | | | | | | 1, | | | | | | | | | | | | | 59 | T | | |
| \$ 2,435,374 | 21,187 | 91,221 | 13,875 | 10,524 | 41,948 | 56,206 | 504,385 | 37,382 | 24,333 | 66,450 | 16,138 | 55,749 | 54,505 | 19,911 | 73,944 | 144,761 | 146,482 | 1,981 | 30,382 | 24,010 | otal | | |

Statement of Cash Flows - Modified Cash Basis For the year ended March 31, 2023

| Cash Flows From Operating Activities | | |
|--|-------|----------|
| Change in net assets | \$ | 496,435 |
| Adjustments to reconcile change in net assets to | | |
| net cash from operating activities: | | |
| Depreciation and amortization | | 146,482 |
| Net cash from operating activities | >==== | 642,917 |
| Cash Flows From Investing Activities | | |
| Purchase of property and equipment | | (32,470) |
| Net cash from investing activities | | (32,470) |
| Cash Flows From Financing Activities | | |
| Principal payments on debt | | (59,658) |
| Net cash from financing activities | | (59,658) |
| Net Change in Cash | | 550,789 |
| Cash - Beginning of Year | | 247,831 |
| Cash - End of Year | \$ | 798,620 |
| Supplemental Disclosures: | | |
| Interest paid | \$ | 55,749 |

Notes to the Financial Statements For the year ending March 31, 2023

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Organization and Purpose

Ministry Village at Olive, Inc. ("Ministry Village") was organized as a not-for-profit corporation under the laws of the State of Florida in 2008 to provide human services such as medical services, shelter for women in drug and alcohol recovery, benevolence, addiction and recovery support, and other ministries as needed.

Ministry Village is primarily funded by support from the general public and Olive Baptist Church, of which it is a separate ministry.

In 2013, Ministry Village began operating the Bargain Center, a retail operation, where home furnishings, clothes, and other miscellaneous items are donated and then sold to the community at a greatly reduced price.

In 2017, The Board of Directors of Ministry Village voted to move forward in establishing an Early Learning Center on the Ministry Village Campus with the purpose of expressing the love of Christ thru discipleship and early learning education to the children in our area. The Early Learning Center opened in September 2018.

B. Basis of Accounting and Presentation

The Organization reports revenues and expenses on a cash basis, modified principally to reflect the acquisition of property and equipment and to record depreciation and long-term debt, which is a comprehensive basis of accounting other than generally accepted accounting principles. Under this basis, revenue is recognized when received rather than when earned, and expenses are recognized when paid rather than when the obligation is incurred.

The Organization reports information regarding financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions. A description of the net asset categories are as follows:

<u>Net assets without donor restrictions</u> – The part of net assets of a not-for-profit that is not subject to donor-imposed restrictions. Net assets without donor restrictions may be designated for specific purposes by action of the Board of Directors.

Net assets with donor restrictions – The part of net assets of a not-for-profit that is subject to donor-imposed restrictions. Some donors impose restrictions that are temporary in nature or purpose restricted. Other donors impose restrictions that are perpetual in nature that neither expire by passage of time nor can be fulfilled or otherwise removed by actions of the Organization. Purpose restricted net assets are deemed to be restricted for the donor-specified purpose by explicit donor stipulation. Once appropriated, purpose restricted assets are released to net assets without donor restrictions.

C. Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from these estimates.



Notes to the Financial Statements For the year ending March 31, 2023

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

D. Cash and Cash Equivalents

For purposes of the statement of cash flows, Ministry Village considers all highly liquid investments purchased with a maturity of three months or less to be cash equivalents.

The Organization maintains most of its cash at a federally insured financial institution. Accounts are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 for each institution. There were no uninsured cash accounts as of March 31, 2023.

E. Property and Equipment

Property and equipment are carried at cost. Donated property is recorded at the estimated fair value on the date of the donation. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets. When assets are retired or otherwise disposed of, the cost and related accumulated depreciation are removed from the accounts, and any resulting gain or loss is reflected in income for the period. The cost of maintenance and repairs is charged to expense as incurred; renewals and betterments exceeding \$1,000 are capitalized. The range for estimated useful lives of property and equipment is as follows:

Buildings 9 to 30 years
Vehicles 5 years
Furniture, fixtures, and equipment 5 to 10 years
Leasehold improvements 5 years

F. Contributions

Ministry Village records contributions received as support without donor restrictions or with donor restrictions depending on the existence and/or nature of any donor restrictions. Support that is restricted by the donor is reported as an increase in net assets without donor restrictions if the restriction expires in the reporting period in which the support is recognized. All other support with donor restrictions is reported as an increase in net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

G. <u>In-kind Contributions</u>

Significant professional services and tangible assets are donated to Ministry Village by various individuals and organizations. Donated professional services and tangible assets are recorded at fair value at the date of donation, and are included in revenue and expenses, or capitalized where applicable, in the period received.

H. Social Enterprises

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Social enterprises consist of revenue recognized for the Bargain Center and Early Learning Center.

Bargain Center revenue is recognized by Ministry Village when payment is received. No value for donated Bargain Center inventory is included in these financial statements due to the uncertainty about realizability of the value.

Early Learning Center revenue is recognized by Ministry Village when payment is received.

Notes to the Financial Statements For the year ending March 31, 2023

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

I. Income Taxes

The Organization is organized under the laws of the State of Florida as a nonprofit corporation and was recognized as such by the State of Florida. The Organization is also recognized by the Internal Revenue Service as a nonprofit corporation under section 501(c)(3) of the Internal Revenue Code. Therefore, no provision for income taxes has been made in the accompanying financial statements. The Organization is required to file Form 990 to the Internal Revenue Service.

J. Functional Expense Allocation

The costs of providing the various programs and other activities have been detailed in the Statement of Functional Expenses and summarized on a functional basis in the Statement of Activities. Expenses directly related to a program or supporting services are charged to that program or supporting service. Labor costs of management are allocated between program services and supporting services based on established percentages of actual labor hours worked.

K. Recent Accounting Pronouncements

Leases: In February 2016, the FASB issued ASU 2016-02, Leases (Topic 842). The main principle of this revised accounting guidance requires that lessees recognize all leases (other than leases with a term of twelve months or less) on the balance sheet as lease liabilities, based upon the present value of the lease payments, with corresponding right of use assets. ASU 2016-02 also makes targeted changes to other aspects of the current guidance, including the lease classification criteria and the lessor accounting model. The amendments in ASU 2016-02 were effective for the Organization on April 1, 2022. This standard does not affect the Organization at this time because the Organization adopted the modified cash basis of accounting. Under modified cash basis, lease payments are recorded to occupancy and rentals expense when paid.

Contributed Nonfinancial Assets: In September 2020, the FASB issued ASU 2020-07, Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets (Topic 958). The main principle of this revised accounting guidance requires contributed nonfinancial assets be presented as a separate line item in the statement of activities, apart from contributions of cash and other financial assets. Enhancements to presentation and disclosure are required to increase the transparency of contributed nonfinancial assets. The amendments in ASU 2020-07 are effective for the Organization for annual reporting periods beginning after June 15, 2021. The Organization adopted the standard on April 1, 2022. See Note 6.

L. Subsequent Events

Management has evaluated subsequent events through October 3, 2023, which is the date the financial statements were available to be issued.

Notes to the Financial Statements For the year ending March 31, 2023

NOTE 2 – PROPERTY AND EQUIPMENT

The following is a summary of property and equipment at cost less accumulated depreciation and amortization as of March 31, 2023:

| Land | \$ | 259,100 |
|--|----------|-----------|
| Buildings | | 2,507,907 |
| Vehicles | | 70,081 |
| Furniture, fixtures and equipment | | 323,733 |
| Leasehold improvements | - | 1,850 |
| | | 3,162,671 |
| Less accumulated depreciation and amortization | | (932,863) |
| | \$ | 2,229,808 |
| | <u> </u> | 2,229,808 |

Depreciation and amortization expense amounted to \$146,482 for the year ended March 31, 2023.

NOTE 3 – LONG-TERM DEBT

On November 2, 2017, the Organization signed a loan agreement with the maximum outstanding principal balance of \$1,600,000 from a financial institution to fund construction of the Early Learning Center. The loan has a fixed interest rate of 3.85% due monthly. Principal payments began in June 2020. The loan matures on November 2, 2039. The loan is secured with a negative pledge agreement or real estate.

Long-term debt as of March 31, 2023 is summarized as follows:

| Note payable to bank: interest only payments through May 2020, | |
|--|-----------------|
| payments of \$9,617 beginning June 2020 through November 2039 | \$ 1,395,358 |
| Less current portion | (60,040) |
| Long-term debt, less current portion | \$ 1,335,318 |

Annual maturities of the note payable are as follows:

| For the year ended March 31, | | |
|------------------------------|------|-----------|
| 2024 | \$ | 60,040 |
| 2025 | 5 | 62,575 |
| 2026 | 5 | 65,062 |
| 2027 | 7 | 67,647 |
| 2028 | 3 | 70,215 |
| Thereafte | r | 1,069,819 |
| Tota | 1 \$ | 1,395,358 |

Notes to the Financial Statements For the year ending March 31, 2023

NOTE 4 – NET ASSETS WITH DONOR RESTRICTIONS

As of March 31, 2023, net assets are restricted by donors for the following purposes:

NOTE 5 – LEASES

The Organization signed a lease for the Bargain Center building effective January 1, 2020 for \$5,500 per month. The lease term is five years.

Under the modified cash basis of accounting, lease payments are recorded to occupancy and rentals expense when paid.

Remaining lease payments on the building total \$66,000 for the year ended March 31, 2024.

The Organization leases a building to the Health and Hope Clinic for \$1 per year. The estimated value of the lease is \$73,944 per year which is recorded as in-kind income and expense on the Statement of Activities.

The Organization also leases various office copy machines.

NOTE 6 – IN-KIND CONTRIBUTIONS

In-kind contributions were recognized as revenue in the accompanying Statement of Activities for the year ended March 31, 2023 as follows:

| | Revenue Recognized | | Utilization | Valuation | |
|--------------------|-----------------------|---------|--------------------------|---|--|
| In-kind food | \$ | 82,619 | Program | Estimated fair value based on average generic price per prescription | |
| In-kind facilities | | 73,944 | General & administrative | Estimated fair value based on comparable rent per square foot in the area | |
| In-kind services | | 19,911 | General & administrative | Estimated fair value based on actual hourly rate | |
| In-kind supplies | | 986 | Program | Estimated fair value based on market value of supplies when received | |
| Total | \$ | 177,460 | | | |

In-kind contributions of food are for the food pantry. These contributions are donor restricted for the food pantry and released when the food is disbursed from the pantry.

Notes to the Financial Statements For the year ending March 31, 2023

NOTE 6 – IN-KIND CONTRIBUTIONS (CONTINUED)

In-kind facilities consist of in-kind rent from the Health & Hope Clinic.

In-kind services are for accounting services provided by an employee of Olive Baptist Church.

In-kind supplies include other small contributions of supplies for repairs and maintenance.

NOTE 7 – COMMITMENTS AND CONTINGENCIES

Grants require the fulfillment of certain conditions set forth in the grant agreement and disbursement of these funds is subject to review and audit by the grantor. Failure to fulfill the conditions and any disbursements disallowed by the grantor could result in the return of funds to grantors.

NOTE 8 – CONCENTRATIONS

In the year ended March 31, 2023, the Organization received \$744,117 from Olive Baptist Church representing approximately 25% of total revenue.

NOTE 9 – ADVERTISING COSTS

Advertising costs for the year ended March 31, 2023 were \$24,010 and are expensed as incurred.

NOTE 10 - RELATED PARTIES

The Organization received contributions and fundraising income from five Board members totaling approximately \$33,575.

The Bargain Center building is leased from a Board member. The annual lease is \$66,000 as mentioned in **Note 5**.

NOTE 11 – AVAILABILITY OF FINANCIAL ASSETS

The following reflects the Organization's financial assets as of March 31, 2023, reduced by amounts not available for general use because of contractual or donor-imposed restrictions within one year of the balance sheet date:

| Financial assets at 3/31/2023 | \$ 798,620 |
|--|------------|
| Less those unavailable for general expenditure within one year, due to: | 0 |
| Donor imposed time or purpose restrictions | (244,170) |
| Financial assets available to meet cash needs for general expenditures within one year | \$ 554,450 |

As part of the Organization's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due.

Notes to the Financial Statements For the year ending March 31, 2023

NOTE 12 - CHANGE IN ACCOUNTING BASIS

For the fiscal year ending March 31, 2023, the Organization adopted a policy of preparing its financial statements on the modified cash basis of accounting. Prior to April 1, 2022, the Organization's financial statements were prepared in accordance with accounting principles generally accepted in the United States of America. Management believes that this change results in more relevant financial reporting that is easier and less costly to understand, apply, and use in the Organization's circumstances and considering the needs of the users of the financial statements. April 1, 2022 beginning balances have been restated to be on the modified cash basis of accounting.

Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning 04/01/22 , and ending 03/31/23

| MINITERDY MILITAGE A | 26-2795365 |
|--|---|
| MINISTRY VILLAGE A' Net Asset / Fund Balance at Beginning of Year | 1,094,465 |
| Revenue Contributions Program service revenue Investment income Capital gain / loss Fundraising / Gaming: Gross revenue Direct expenses Net income Other income Total revenue Expenses Program services Management and general Fundraising | 1,368,487 1,441,387 144 16,761 105,030 2,931,809 2,168,894 170,966 1,659 |
| Total expenses Excess / (deficit) | <u>2,341,519</u> <u>590,290</u> |
| Changes | |
| Reconciliation of Revenue | Reconciliation of Expenses |
| Total revenue per financial statements Less: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return 2,931,809 | Total expenses per financial statements Less: Donated services Prior year adjustments Losses Other Plus: Investment expenses Other Total expenses per return 2,341,519 |
| Assets 2,613,789 Liabilities 1,519,324 Net assets 1,094,465 | 1,395,358 |
| Miscelland Amended return Return / extended do Failure to file penalty | |

Form **8453-TE**

Tax Exempt Entity Declaration and Signature for Electronic Filing For calendar year 2022, or tax year beginning 04/01/22, and ending 03/31/23

2022

Department of the Treasury Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CF Go to www.irs.gov/Form8453TE for the latest information.

OMB No. 1545-0047

| Name of fil | ler | | | | EIN or SSN | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| MINI | ISTRY VILLAGE AT | OLIVE THE | • | | 26-2795365 | | | | | | |
| Part I | | Return Informat | ion | | 126-2793363 | | | | | | |
| | e box for the type of return being f | | | ble amount, if any, from | the return. Form 8038-CP | | | | | | |
| and Form | i 5330 filers may enter dollars and | cents. For all other | forms, enter whole dollar | s only. If you check the | box on line 1a, 2a, 3a, 4a, 5a, | | | | | | |
| | a, 9a, or 10a below, and the amou | | | | | | | | | | |
| | b, 9b, or 10b, whichever is applicated not complete more than one line | | nter -u-). If you entered - | u- on the return, then er | nter -u- on the applicable line | | | | | | |
| | n 990 check here | b Total revenu | e, if any (Form 990, Pa | art VIII, column (A), li | ne 12) 1b2,931,809 | | | | | | |
| 2a Forn | n 990-EZ check here | b Total revenu | e, if any (Form 990-Ez | , line 9) | 2b | | | | | | |
| 3a Forn | n 1120-POL check here | b Total tax (Fo | rm 1120-POL, line 22) | | 3b | | | | | | |
| 4a Forn | n 990-PF check here | b Tax based or | n investment income | (Form 990-PF, Part | V, line 5) 4b | | | | | | |
| 5a Forn | n 8868 check here | b Balance due | (Form 8868, line 3c) | | 5b | | | | | | |
| | n 990-T check here | b Total tax (Fo | rm 990-T, Part III, line | 4) | 6b | | | | | | |
| | n 4720 check here | ∥ b Total tax (Fo | rm 4720, Part III, line | 1) | 7b | | | | | | |
| | n 5227 check here | b FMV of asset | ts at end of tax year | (Form 5227, Item D) | 8b | | | | | | |
| | n 5330 check here | b Tax due (For | m 5330, Part II, line 19 | 9) :::::::::::::::::::::::::::::::::::: | 9b | | | | | | |
| | n 8038-CP check here | | | (Form 8038-CP, Part II | I, line 22) 10b | | | | | | |
| Part II | Declaration of Office | er or Person Sul | bject to Tax | | | | | | | | |
| fe co I a in | I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) 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. | | | | | | | | | | |
| e: | a copy of this return is being filed xecuted the electronic disclosure 90-PF (as specifically identified in | consent contained w | ithin this return allowing | disclosure by the IRS of | State program, I certify that I f this Form 990/990-EZ/ | | | | | | |
| • | | | | | | | | | | | |
| | nalties of perjury, I declare that $\overline{\mathbb{X}}$ | I am an officer of t | he above named entity o | r 📗 I am the person s | subject to tax with respect to | | | | | | |
| Under pe (name of | entity) | | | , | (EIN) | | | | | | |
| Under pe (name of and that I knowledg of the ele to the IRS | _ | 22 electronic return a tt, and complete. I fu ny intermediate serv an acknowledgemen | and accompanying scheor ther declare that the am- ice provider, transmitter, it of receipt or reason for | lules and statements, a ount in Part I above is to or electronic return orig | (EIN), nd, to the best of my he amount shown on the copy ginator (ERO) to send the return | | | | | | |
| Under pe (name of and that I knowledg of the ele to the IRS delay in p | entity) I have examined a copy of the 202 ge and belief, they are true, correctionic return. I consent to allow to and to receive from the IRS (a) | 22 electronic return a tt, and complete. I fu ny intermediate serv an acknowledgemen | and accompanying scheor ther declare that the am- ice provider, transmitter, it of receipt or reason for | lules and statements, a ount in Part I above is to or electronic return orig rejection of the transmi | (EIN), nd, to the best of my he amount shown on the copy ginator (ERO) to send the return ssion, (b) the reason for any | | | | | | |
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| Under pe (name of and that I knowledg of the ele to the IRS delay in p Sign Here Part II I declare I am only The entity be filed w Informatic have exa correct, a | entity) I have examined a copy of the 202 ge and belief, they are true, correct to allow rectronic return. I consent to allow responsing the return or refund, are signature of officer or person substituted in a collector, I am not responsible to a collector, I am not responsible to the IRS to the officer or person on for Authorized IRS e-file Provious indicates the above return and accommend the above return and accommend the signature. | 22 electronic return a st, and complete. I furny intermediate servian acknowledgement of (c) the date of any operation of the date | and accompanying schedrither declare that the amice provider, transmitter, it of receipt or reason for y refund. Date iginator (ERO) and tries on Form 8453-TE arurn and only declare that form before I submit the refurns. If I am also the Pata and statements, and, to | lules and statements, all ount in Part I above is the or electronic return origon rejection of the transming EXECUTIVE. Title, if applicable Paid Preparer (See the complete and correct this form accurately reference. I will give a copy requirements in Pub. 416 id Preparer, under penal the best of my knowledge on I have any knowledge. Check if | nd, to the best of my he amount shown on the copy ginator (ERO) to send the return ssion, (b) the reason for any DIRECTOR ee instructions) to the best of my knowledge. If flects the data on the return. of all forms and information to 63, Modernized e-File (MeF) alties of perjury I declare that I ge and belief, they are true, e. Check if ERO's SSN or PTIN | | | | | | |
| Under pe (name of and that I knowledg of the ele to the IRS delay in p Sign Here Part II I declare I am only The entity be filed w Informatic have exa | entity) I have examined a copy of the 20% ge and belief, they are true, correction creturn. I consent to allow responsible to the consensus of the consensus of the consensus of the consens of the cons | 22 electronic return a ct, and complete. I furny intermediate servian acknowledgement of (c) the date of any opject to tax ronic Return Or exturn and that the enterminate of the complete of | pand accompanying schedrither declare that the amice provider, transmitter, at of receipt or reason for y refund. Date iginator (ERO) and tries on Form 8453-TE around and only declare that form before I submit the returns. If I am also the Pata and statements, and, to on all information of whice | lules and statements, all ount in Part I above is the or electronic return originarejection of the transmining EXECUTIVE. Title, if applicable Paid Preparer (See the complete and correct this form accurately referent. I will give a copy equirements in Pub. 416 id Preparer, under penathe best of my knowledgich I have any knowledging. | nd, to the best of my he amount shown on the copy ginator (ERO) to send the return ssion, (b) the reason for any DIRECTOR ee instructions) to the best of my knowledge. If flects the data on the return. of all forms and information to 63, Modernized e-File (MeF) alties of perjury I declare that I lige and belief, they are true, e. | | | | | | |
| Under pe (name of and that I knowledg of the ele to the IRS delay in p Sign Here Part II I declare I am only The entity be filed w Informatic have exa correct, a ERO's Use | entity) I have examined a copy of the 20% per and belief, they are true, correct portronic return. I consent to allow responsible of the state of t | 22 electronic return a st, and complete. I furny intermediate servian acknowledgement of (c) the date of any opject to tax ronic Return Or sturn and that the entermination of the for reviewing the return and that the entermination of the sturn and the s | and accompanying schedrither declare that the amice provider, transmitter, it of receipt or reason for y refund. Date iginator (ERO) and tries on Form 8453-TE around and only declare that form before I submit the refurns. If I am also the Pata and statements, and, to on all information of whice the pate of the pate | lules and statements, are count in Part I above is the count of the transminal of th | nd, to the best of my the amount shown on the copy ginator (ERO) to send the return ssion, (b) the reason for any DIRECTOR Re instructions) It to the best of my knowledge. If flects the data on the return. of all forms and information to 63, Modernized e-File (MeF) alties of perjury I declare that I lige and belief, they are true, e. Check if Self-employed PO0436839 EIN 45-0529207 | | | | | | |
| Inder per (name of and that I knowledge of the electory to the IRS delay in part II leading to the IRS delay in part II lead t | entity) I have examined a copy of the 20% ge and belief, they are true, correction creturn. I consent to allow responsible or person substitution of the series of a collector, I am not responsible of the IRS to the officer or person on for Authorized IRS e-file Provide mined the above return and account complete. This Paid Preparer ERO's signature JOSHUA C. DURS | 22 electronic return a tt, and complete. I fur my intermediate serv an acknowledgemen nd (c) the date of any object to tax ronic Return Or eturn and that the ent for reviewing the retu vill have signed this fin subject to tax, and ders for Business Re mpanying schedules declaration is based | and accompanying schedrither declare that the amice provider, transmitter, it of receipt or reason for y refund. Date iginator (ERO) and tries on Form 8453-TE arrin and only declare that form before I submit the rhave followed all other returns. If I am also the Pata and statements, and, to on all information of whice the pata and statements are considered to the pata and statements. Date CPA PA Y 90 MILTON | lules and statements, all ount in Part I above is to or electronic return origon rejection of the transmit EXECUTIVE Title, if applicable Paid Preparer (see the complete and correct this form accurately refeturn. I will give a copy requirements in Pub. 416 id Preparer, under penathe best of my knowledge the complete and knowledge in the paid preparer. I will give a copy requirements in Pub. 416 id Preparer, under penathe best of my knowledge in I have any knowledge in I have any knowledge. Check if also paid preparer. | nd, to the best of my he amount shown on the copy ginator (ERO) to send the return ssion, (b) the reason for any DIRECTOR ee instructions) to the best of my knowledge. If flects the data on the return. of all forms and information to 63, Modernized e-File (MeF) alties of perjury I declare that I lige and belief, they are true, e. Check if self- employed P00436839 EIN 45-0529207 Phone no. 850-995-5000 | | | | | | |
| Under pe (name of and that I knowledg of the ele to the IRS delay in p Sign Here Part II I declare I am only The entity be filed w Informatic have exa correct, a ERO's Use Only Under pe | entity) I have examined a copy of the 20% ge and belief, they are true, correction creturn. I consent to allow responsible or person substitution of the series of a collector, I am not responsible of the IRS to the officer or person on for Authorized IRS e-file Provide mined the above return and account complete. This Paid Preparer ERO's signature JOSHUA C. DURS | 22 electronic return a st, and complete. I furny intermediate servian acknowledgement (c) the date of any object to tax Tonic Return Or esturn and that the entermediate servian and that the entermination of the sturn and that the entermination of the subject to tax, and ders for Business Rempanying schedules declaration is based Torreviewing the return of the sturn and that the entermination of the subject to tax, and ders for Business Rempanying schedules declaration is based Torreviewing the return of the sturn of the subject to tax, and the subject to tax. | and accompanying schedrither declare that the amice provider, transmitter, it of receipt or reason for y refund. Date iginator (ERO) and tries on Form 8453-TE arring and only declare that form before I submit the rhave followed all other returns. If I am also the Pata and statements, and, to on all information of whice the pata and statements and the pata and statements and the pata and statements and the pata and statements. Date CPA PA Y 90 MILTON above return and accomp | lules and statements, a count in Part I above is to or electronic return origon rejection of the transmin EXECUTIVE Title, if applicable Paid Preparer (See this form accurately refeturn. I will give a copy equirements in Pub. 416 id Preparer, under penathe best of my knowledging the best of my knowledging preparer Check if also paid pr | ind, to the best of my the amount shown on the copy ginator (ERO) to send the return ssion, (b) the reason for any DIRECTOR Be instructions) It to the best of my knowledge. If flects the data on the return. of all forms and information to 63, Modernized e-File (MeF) alties of perjury I declare that I lige and belief, they are true, e. Check if self- employed P00436839 EIN 45-0529207 Phone no. 850-995-5000 estatements, and, to the best of my knowledge. | | | | | | |
| Under pe (name of and that I knowledg of the ele to the IRS delay in p Sign Here Part II I declare I am only The entity be filed w Informatic have exa correct, a ERO's Use Only Under pe | entity) I have examined a copy of the 20% per and belief, they are true, correction of return. I consent to allow or sand to receive from the IRS (a) processing the return or refund, and some of the constant of the IRS (a) processing the return or refund, and some of the IRS (b) processing the return or refund, and some of the IRS (a) processing the return or refund, and some of the IRS (a) processing the return or refund, and some of the IRS (a) processing the return or refund, and collector, I am not responsible to a collector, I am not responsible to a collector, I am not responsible to the IRS to the officer or person on for Authorized IRS e-file Provious interesting the IRS (a) processing the return or refund, and collector, I am not responsible to tax visit the IRS to the officer or person on for Authorized IRS e-file Provious interesting the IRS (a) processing the return or refund, and collector, I am not responsible to tax visit the IRS to the officer or person on for Authorized IRS e-file Provious interesting the IRS (a) processing the return or refund, and collector, I am not responsible to tax visit the IRS to the officer or person on for Authorized IRS e-file Provious interesting the IRS (a) processing the IR | 22 electronic return at t, and complete. I furny intermediate servian acknowledgement of (c) the date of any object to tax ronic Return Or eturn and that the entermediate servian and that the entermediate servial have signed this for reviewing the return and that the entermediate signed this for subject to tax, and ders for Business Rempanying schedules declaration is based ET JORDAN (D)—B HIGHWA: have examined the abolete. Declaration of | and accompanying schedrither declare that the amice provider, transmitter, it of receipt or reason for y refund. Date iginator (ERO) and tries on Form 8453-TE arring and only declare that form before I submit the rhave followed all other returns. If I am also the Pata and statements, and, to on all information of whice the pata and statements and the pata and statements and the pata and statements and the pata and statements. Date CPA PA Y 90 MILTON above return and accomp | lules and statements, all ount in Part I above is the or electronic return origon rejection of the transmin EXECUTIVE. Title, if applicable Paid Preparer (See the complete and correct this form accurately reference. I will give a copy requirements in Pub. 416 id Preparer, under penathe best of my knowled ch I have any knowledgen I have any knowledge | (EIN) Ind, to the best of my the amount shown on the copy ginator (ERO) to send the return ssion, (b) the reason for any DIRECTOR See instructions) It to the best of my knowledge. If flects the data on the return. Of all forms and information to 63, Modernized e-File (MeF) alties of perjury I declare that I lige and belief, they are true, e. Check if ERO's SSN or PTIN Self-Phone no. 850-995-5000 Statements, and, to the best of my knowledge. Date Check if Self-PTIN Check if Self-PTIN | | | | | | |
| Under pe (name of and that I knowledg of the ele to the IRS delay in p Sign Here Part II I declare I am only The entity be filed w Informatic have exa correct, a ERO's Use Only Under pe and belie Paid Prepare | entity) I have examined a copy of the 20% per and belief, they are true, correct per and to receive from the IRS (a) processing the return or refund, and so receive from the IRS (a) processing the return or refund, and so receive from the IRS (a) processing the return or refund, and so receive from the IRS (a) processing the return or refund, and so receive a collector, I am not responsible by officer or person subject to tax with the IRS to the officer or person for Authorized IRS e-file Provious mined the above return and account complete. This Paid Preparer ERO's signature Primt's name (or yours if self-employed), address, and ZIP code 24 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 22 electronic return at t, and complete. I furny intermediate servian acknowledgement of (c) the date of any object to tax ronic Return Or eturn and that the entermediate servian and that the entermediate servial have signed this for reviewing the return and that the entermediate signed this for subject to tax, and ders for Business Rempanying schedules declaration is based ET JORDAN (D)—B HIGHWA: have examined the abolete. Declaration of | and accompanying schedrither declare that the amice provider, transmitter, at of receipt or reason for y refund. Date iginator (ERO) and tries on Form 8453-TE arm and only declare that form before I submit the reason have followed all other returns. If I am also the Pasand statements, and, to on all information of which the pasand statements are considered in the pasand statements. Date CPA PA Y 90 MILTON above return and accompareparer is based on all information of all information of accompand to the pasand statements. | lules and statements, all ount in Part I above is the or electronic return origon rejection of the transmin EXECUTIVE. Title, if applicable Paid Preparer (See the complete and correct this form accurately reference. I will give a copy requirements in Pub. 416 id Preparer, under penathe best of my knowled ch I have any knowledgen I have any knowledge | (EIN) Ind, to the best of my the amount shown on the copy spinator (ERO) to send the return ssion, (b) the reason for any DIRECTOR Re instructions) It to the best of my knowledge. If elects the data on the return. Of all forms and information to 63, Modernized e-File (MeF) alties of perjury I declare that I lige and belief, they are true, e. Check if ERO's SSN or PTIN self- employed PO0436839 EIN 45-0529207 Phone no. 850-995-5000 statements, and, to the best of my knowledge preparer has any knowledge. Check if self- employed PTIN self- employed PTIN self- employed PTIN | | | | | | |
| Under pe (name of and that I knowledg of the ele to the IRS delay in p Sign Here Part II I declare I am only The entity be filed w Informatic have exa correct, a ERO's Use Only Under pe and belie Paid | entity) I have examined a copy of the 20% per and belief, they are true, correct per and to receive from the IRS (a) processing the return or refund, and so receive from the IRS (a) processing the return or refund, and so receive from the IRS (a) processing the return or refund, and so receive from the IRS (a) processing the return or refund, and so receive a collector, I am not responsible by officer or person subject to tax with the IRS to the officer or person for Authorized IRS e-file Provious mined the above return and account complete. This Paid Preparer ERO's signature Primt's name (or yours if self-employed), address, and ZIP code 24 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 22 electronic return at t, and complete. I furny intermediate servian acknowledgement of (c) the date of any object to tax ronic Return Or eturn and that the entermediate servian and that the entermediate servial have signed this for reviewing the return and that the entermediate signed this for subject to tax, and ders for Business Rempanying schedules declaration is based ET JORDAN (D)—B HIGHWA: have examined the abolete. Declaration of | and accompanying schedrither declare that the amice provider, transmitter, at of receipt or reason for y refund. Date iginator (ERO) and tries on Form 8453-TE arm and only declare that form before I submit the reason have followed all other returns. If I am also the Pasand statements, and, to on all information of which the pasand statements are considered in the pasand statements. Date CPA PA Y 90 MILTON above return and accompareparer is based on all information of all information of accompand to the pasand statements. | lules and statements, all ount in Part I above is the or electronic return origon rejection of the transmin EXECUTIVE. Title, if applicable Paid Preparer (See the complete and correct this form accurately reference. I will give a copy requirements in Pub. 416 id Preparer, under penathe best of my knowled ch I have any knowledgen I have any knowledge | (EIN) Ind, to the best of my the amount shown on the copy ginator (ERO) to send the return ssion, (b) the reason for any DIRECTOR See instructions) It to the best of my knowledge. If flects the data on the return. Of all forms and information to 63, Modernized e-File (MeF) alties of perjury I declare that I lige and belief, they are true, e. Check if ERO's SSN or PTIN Self-Phone no. 850-995-5000 Statements, and, to the best of my knowledge. Date Check if Self-PTIN Check if Self-PTIN | | | | | | |

For Paperwork Reduction Act Notice, see the separate instructions. DAA

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.

2022 Open to Public

| Inte | | r the Treasi nue Service | | Go to v | vww.irs. | gov/Form990 for instructio | ns and the la | test in | formation. | | Inspection |
|-------------------------|---------------------------|---|---|---------------------------------------|--------------|---|---|---------|----------------------------|--------------|-------------------------------|
| A | For the | e 2022 d | alenda | r year, or tax year begir | nning) 4 | 1/01/22 , and endi | ng 03/3 | 31/2 | 23 | | |
| В | Check if a | | | of organization | | | | | | Employe | er identification number |
| | Address c | hange | | MINIS | TRY | VILLAGE AT OLIV | E, INC. | | | | |
| 二 | | · I | Doing 1 | business as | | | | | | 26-2 | 795365 |
| 닏 | Name cha | ange | 100000000000000000000000000000000000000 | er and street (or P.O. box if mail is | not delive | ered to street address) | | | Room/suite E | Telephon | e number |
| | Initial retu | ırn | | 6 E OLIVE ROAD | | | | | | <u>850-</u> | 475-1106 |
| | Final retur terminated | | City or | town, state or province, country, | and ZIP or | foreign postal code | | | | | |
| H | | | PEN | SACOLA | | FL 32514 | | | | G Gross rec | eipts 2,954,292 |
| Ш | Amended | return | F Name | and address of principal officer: | | | | | | | |
| | Applicatio | n pending | DRZ | AYTON SMITH | | | | | H(a) Is this a grou | p return for | subordinates Yes X No |
| | | | | 16 E OLIVE RO | CAC | | | | H(b) Are all subor | dinates inc | luded? Yes No |
| | | | | NSACOLA | J11 2 | FL 32514 | | | If "No," a | ttach a list | See instructions |
| | 4 | _0.00000 | | 501(c)(3) 501(c) (| \ tion | ert no.) 4947(a)(1) or | r 527 | | | | |
| 1 | 2 - AUTO 221 | mpt status: | | | | | 521 | | | | |
| 7 | Website | | | INISTRYVILLA | | 1 | | T | H(c) Group exem | 2012 | |
| | | organization | | | ociation | Other | | J L Ye | ear of formation: 20 | 08 | M State of legal domicile: |
| _ | art I | | ımmaı | | | | | | | | |
| | | | | he organization's missior | | | | | | | nemonomonomonement |
| ခ | Ι | TO I | NCRE | ASE ACCESS TO P | EOPL | E DEALING WITH | UNDER-S | ERVE | D COMMUNI | TY NE | EEDS |
| ٦ā | | INCL | UDINO | G EMOTIONAL, FI | NANC | IAL, MENTAL, PH | YSICAL, | SPI | RITUAL, A | ND | |
| ē | | VOCA | TION | AL. | | | | | | | |
| Activities & Governance | 2 (| Check th | is box | if the organization disc | continue | d its operations or dispos | ed of more t | han 2 | 5% of its net ass | sets. | |
| ত ক | 3 1 | | _ | members of the governi | | | | | | 3 | 12 |
| S | 1 4 1 | | - | _ | | overning body (Part VI, lin | e 1h) | | | 4 | 12 |
| ₩ | 5 7 | | - | _ | _ | year 2022 (Part V, line 2 | 111111111111111111111111111111111111111 | | | 5 | 74 |
| 흝 | | | | | | | a postare con | | | 6 | 100 |
| ¥ | | | | volunteers (estimate if ne | | | | | | | |
| | | | | usiness revenue from Pa | | | | w8375 | | 7a | 0 |
| _ | 1 61 | Net unre | lated bu | siness taxable income from | om Forn | n 990-T, Part I, line 11 | ********* | | Prior Year | 7b | Current Year |
| | | O = -4-151 | | | - \ | | | - | | ,438 | 1,368,487 |
| ne | | 8 Contributions and grants (Part VIII, line 1h) | | | | | | | 1 107 | , 328 | |
| Revenue | | • | | revenue (Part VIII, line 2 | 0.0 (0.0) | | | 25.0 | 1,197 | | 1,441,387 |
| ě | | | | ne (Part VIII, column (A), | | 4 * * * * * * * * * * * * * * * * * * * | | | 24 | 144 | |
| - | | | | Part VIII, column (A), lines | | | | | | ,619 | 121,791 |
| _ | 12 7 | Total rev | enue – : | add lines 8 through 11 (m | nust equ | al Part VIII, column (A), li | ne 12) | | 2,215 | | 2,931,809 |
| | 13 (| Grants a | nd simila | ar amounts paid (Part IX, | column | (A), lines 1-3) | | | 48 | ,558 | 41,948 |
| | 14 E | Benefits | paid to | or for members (Part IX, | column | (A), line 4) | | | | | 0 |
| (C) | 15 5 | Salaries. | other co | ompensation, employee I | penefits | (Part IX, column (A), lines | s 5–10) | | 1,268 | ,894 | 1,504,385 |
| Expenses | 16aF | | | draising fees (Part IX, col | | | a district | 0.50 | | | 0 |
| e E | ь | | | expenses (Part IX, colur | | | ,659 | | | | |
| Ж | 17 (| | _ | (Part IX, column (A), line | | | T 5 CONT. | | 716 | ,749 | 795,186 |
| | | | • | Add lines 13-17 (must ed | | | | 12.0 | 2,034 | | 2,341,519 |
| | | - | | penses, Subtract line 18 | | | | E 1 | 181 | ,208 | 590,290 |
| 75 | 19 1 | Revenue | iess ex | penses, Subtract line 10 | HOIH IIII | 5 14 | | - | Beginning of Curre | | End of Year |
| Net Assets or | an 1 | Total acc | ete (Pai | t X, line 16) | | | | | 2,613 | | 3,028,428 |
| ASS | 24 7 | | | Part X, line 26) | 51515111 | -6-65-511845-446-16-11-11-11-1 | | | | ,324 | 1,395,358 |
| ē | 20 1 | | | id balances. Subtract line | 24 from | o line 20 | | 100 | 1,094 | 465 | 1,633,070 |
| | | | | | 21 1101 | i iiile 20 | | | 1,004 | , 400 | 1,000,070 |
| | Part II | | | re Block | | | | | | | |
| | Inder per | nalties of | perjury, | I declare that I have examin | ed this re | eturn, including accompanyin officer) is based on all inform | g schedules a | and sta | tements, and to the | ne best of | my knowledge and belief, it i |
| | ue, com | ect, and c | omplete | Deciaration of preparer (of | iei tilali t | onicer) is based on all inform | ation of which | Грісра | ici ilas ally kilow | T | |
| | | | | | | | | | | | |
| Si | gn | Signature | e of officer | | | | | | | Date | |
| He | ere | DRA' | YTON | SMITH | | E) | XECUTI | VE | DIRECTOR | ₹ | |
| | | | orint name | | | | | | | | |
| - | | Print/Typ | e preparer | 's name | | Preparer's signature | | | Date | Check | if PTIN |
| Pa | id | JOSHUZ | A C. D | TRST | | JOSHUA C. DURST | | | | self-err | ployed P00436839 |
| | eparer | | | DURST JORE | DAN C | CPA PA | | | er | n's EIN | 45-0529207 |
| | e Only | Firm's na | ine | 4459-B HIC | | | | | 1-100 | 10 Ella | 10 0020201 |
| | _ _ y | | | | | 2571 | | | - | 32000 EV | 850-995-5000 |
| 0.4 | - I | Firm's ad | | MILTON, FI | | | | | Pho | ne no. | |
| Ma | y the IR | KS discu | ss this re | eturn with the preparer sl | nown ab | ove? See instructions | | | 615 N F0 610 F5 610 F5 610 | | X Yes No |

Form **990** (2022)

| | | GE AT OLIVE, INC. | 26-2795365 | Page 2 |
|--|---|--|---|-------------|
| Part III | | ervice Accomplishments ains a response or note to an | v line in this Part III | |
| TO IN | describe the organization's mission CREASE ACCESS TO | | TH UNDER-SERVEI | |
| prior Fo If "Yes,' | orm 990 or 990-EZ? " describe these new services on organization cease conducting, or | cant program services during the year Schedule O. make significant changes in how it o | differential experience (est la catara) | Yes X No |
| 4 Describ | | ice accomplishments for each of its t l) organizations are required to repor | | |
| INCLU | CREASE ACCESS TO | 168,894 including grants of\$ PEOPLE DEALING WIFINANCIAL, | TH UNDER-SERVE | |
| Entertain Entertain Entertain Entertain | | | | |
| 4b (Code: |) (Expenses \$ | including grants of\$ | | (Revenue \$ |
| N/A | | | | |
| Karana Karana Karana | | | | |
| ************************************** | | | | |
| 4c (Code: N/A |) (Expenses \$ | including grants of | | (Revenue \$ |
| O Paragraph Paragraph Occupants | | | | |
| Seanning Seanning | | | | |
| * man. | | | | |
| 4d Other p | program services (Describe on Sci | nedule O.) including grants of\$ |) (Revenue \$ | ì |
| | rogram service expenses | 2,168,894 | 7 (| |

Part IV Checklist of Required Schedules

| | | _ | Yes | No |
|-----|---|-----|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | Ť | 21 | |
| | candidates for public office? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| _ | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X, as applicable. | 1 | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | X | - |
| b | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more | | | ١,, |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more | | | 37 |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 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? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| _ | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| • | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 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? If "Yes," complete Schedule G, Part II | 18 | X | - |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| Ь | 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 | | | v |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | 000 | LX_ |

Form 990 (2022)

Form 990 (2022) MINISTRY VILLAGE AT OLIVE, INC. Page 4 Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 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. 27 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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 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 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included 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?

| | 990 (2022) MINISTRY VILLAGE AT OLIVE, INC. 26-2795 | | | | | age 5 |
|----------|---|-------------|---|--|-----|----------|
| | art V Statements Regarding Other IRS Filings and Tax Compliance (con | Tunue | ea) | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | 74 | | | |
| L | Statements, filed for the calendar year ending with or within the year covered by this return | 2a | - | 2b | X | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax | return | 2. | 3a | | Х |
| 3a b | Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Sche | dula (|) | | | - 21 |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or of | | | 110/15/15/ | | |
| Tu | a financial account in a foreign country (such as a bank account, securities account, or other fina | | | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | de steame in the | | |
| - | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance | cial Ac | counts (FBAR). | +11111 | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year | | | 5a | | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra | | on? | 5b | | X |
| С | 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 or | did the | | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | + 2 - 2 - 2 | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contri | bution | s or | | | |
| | gifts were not tax deductible? | | 1979138477773448444 | 6b | | <u> </u> |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly | for go | oods | 1 | | |
| | and services provided to the payor? | | | 7a | - | ₩ |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 2230.52 | 19932-000-000-000 | 7b | - | <u> </u> |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which | it was | ì | | | |
| | required to file Form 8282? | 7d | | 7c | | \vdash |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | 7e | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit to organization during the year, pay promiums directly or indirectly, on a personal benefit or | | A 1 - 0 - 1 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - | 7e 7f | | \vdash |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit or If the organization received a contribution of qualified intellectual property, did the organization file. | | | | _ | ┢ |
| g h | If the organization received a contribution of qualified intellection property, did the organization in | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund main | | | 7.1 | | \vdash |
| Ū | sponsoring organization have excess business holdings at any time during the year? | | -,· | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | F-10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (| | |
| а | 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: | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| Ь | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | 1 |
| а | 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.) | <u> 11b</u> | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of | E . | 1041? | 12a | - | - |
| ь | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | 1 |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | 13a | + | - |
| а | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O | | | 134 | | |
| h | Enter the amount of reserves the organization is required to maintain by the states in which | | | | | |
| b | the organization is licensed to issue qualified health plans | 13b | ľ | | | |
| С | Enter the amount of reserves on hand | 13c | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | Х |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sch | edule | 0 | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rem | | | | | |
| _ | excess parachute payment(s) during the year? | | | 15 | | Х |
| | If "Yes," see instructions and file Form 4720, Schedule N. | det Ses | | 100011111 | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investr | nent ir | ncome? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any | activit | ies | | | |
| | that would recult in the imposition of an excise tay under section 4951, 4952 or 49532 | | | 17 | 1 | I |

If "Yes," complete Form 6069.

| | n 990 (2022) MINISTRY VILLAGE AT OLIVE, INC. 26-2795365 rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th | 20011 | h 7h h-! | 00-15 | | age 6 |
|--------|---|---------------|---|-------|---------|--------|
| Га | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change | | | | | |
| | | | Scriedule O | | 1118111 | X |
| Sec | tion A. Governing Body and Management | i i i i i i i | | | | 21 |
| | | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 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 | 1b | 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? | 100000 | esococconstrucco | 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? | 0.0000000 | ********** | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was | filed? | 0.0000000000000000000000000000000000000 | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 101111 | 000000000000000000000000000000000000000 | 5 | | X |
| 6 | Did the organization have members or stockholders? | 220505 | ************ | 6 | - | Χ |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | | | 32 |
| ь | one or more members of the governing body? | 25050 | 5000000000000 | 7a | | X |
| D | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | | 75 | | v |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the | | r by the fellow | 7b | | X |
| a | The governing body? | ic yea | i by the lonev | 8a | Χ | |
| b | Each committee with authority to act on behalf of the governing body? | | 100000000000000000000000000000000000000 | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | ********** | | 21 | |
| | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | e au cour | | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the | Inte | rnal Reven | ue C | ode.) | |
| | | | | | Yes | No |
| 0a | 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 | | |
| 1a | 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. | | | | | |
| _ | 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 | e rise | to conflicts? | 12b | | X |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | | | 3.7 |
| 2 | describe on Schedule O how this was done Did the organization have a written whistleblower policy? | | | 12c | | X |
| 3 4 | Did the organization have a written decument retartion and destruction notice? | | | 13 | - | X |
| 5 | Did the process for determining compensation of the following persons include a review and approval by | | | 14 | _ | ^ |
| • | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decis | ion2 | | | | |
| а | 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. | | | 100 | | 2.5 |
| 6a | 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 | | | | | l |
| | organization's exempt status with respect to such arrangements? | SERVICES | X111000000000 | 16b | | |
| Sec | tion C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | Decree S | | | 111.55 | 202020 |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990 | -T (se | | | | |
| | (3)s only) available for public inspection, Indicate how you made these available. Check all that apply | | | | | |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | | | |
| 9 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or | e : | | | | |

FL 32514

850-475-1106

DRAYTON SMITH

PENSACOLA

and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records

1716 E OLIVE ROAD

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of 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. (C) Position (D) (E) (F) (B) (A) (do not check more than one Reportable Reportable Estimated amount Name and title Average box, unless person is both an compensation of other compensation hours officer and a director/trustee) from related from the compensation per week organization (W-2/ organizations (W-2/ from the (list any Key employee nstitutional hours for 1099-MISC/ 1099-MISC/ organization and related organizations related 1099-NEC) 1099-NEC) organizations helow dotted line) (1) DRAYTON SMITH 40.00 EXECUTIVE DIRECTOR 0.00 71,776 0 (2) PATRICIA CLAY 0.00 0.00 0 0 0 DIRECTOR X (3) KATHY CLEMENTS 0.00 0 0 DIRECTOR 0.00 0 (4) CLIFF COLLEY 0.00 DIRECTOR 0.00 0 0 0 (5) JARED GANN 0.00 0.00 0 0 0 DIRECTOR (6) JIM HARRIS 0.00 DIRECTOR 0.00 X 0 0 0 (7) KEITH HARROD 0.00 0 0 0 DIRECTOR 0.00 (8) CLINT HOLMES 0.00 DIRECTOR 0.00 Χ 0 0 0 (9) DR. STEPHEN NEWSOME 0.00 0.00 0 0 0 DIRECTOR (10) TONYA PORTMANN 0.00 0.00 X 0 0 0 DIRECTOR (11) JAIME PRINCIPE 0.00 DIRECTOR 0.00 0 0 0

Form 990 (2022)

| (A) Name and title | (B) Average hours per week | box | k, unle | Pos check ess pe | rson | than d is both or/trust | ı an | (D) Reportable compensation from the | (E) Reportable compensation from related | | (F) Estimated amount of other compensation | | | |
|--|---|--------------------------------|------------------------|-------------------------|-----------------------|---------------------------------|----------------------|--|---|---------|--|---------------|----------|--|
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional truslee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | | from the organization organizat | ne on and | IS | |
| (12) JUSTIN TYNER | 0.00 | Х | | | | | | 0 | 0 | | | | 0 | |
| (13) MITCH WHITE DIRECTOR | 0.00 | Х | | | | | | 0 | C |) | | | 0 | |
| | | | | | | | | | | | | | | |
| NIVITES DISTRIBUTED DE LA CONTRACTORIO DEL CONTRACT | | | | | | | | | | | | | | |
| | erior had been also ask and | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| SE EXEMPLE AND | | | | | | | | | | | | | | |
| E-11110-001600101-00-0010110 | 1 (4) (4) (4) (4) (4) (4) (4) (4) (4) | | | | | | | 71,776 | | | | | | |
| Subtotal Total from continuation sh Total (add lines 1b and 1c) | | | | | | | | 71,776 | | | | | _ | |
| Total number of individuals (reportable compensation fro | | | ited 0 | to th | nose | liste | d al | pove) who received more | than \$100,000 of | | | Yes | No | |
| Did the organization list any employee on line 1a? If "Yes For any individual listed on li organization and related org individual | s," complete Sch ine 1a, is the su anizations great | nedu m of er th | ile J repo nan S | for s ortal \$150 | uch ole c 0,000 | indiv comp)? If | vidu ens "Ye | al ation and other compens s," complete Schedule J t | ation from the for such | | 3 | | X | |
| 5 Did any person listed on line for services rendered to the | organization? If | "Ye | s," c | omp | ensa lete | tion t | from e <i>dui</i> | n any unrelated organizati le J for such person | on or individual | | 5 | | X | |
| Complete this table for your compensation from the orga | five highest con | npen | nsate | ed in | depe | ende | nt c | ontractors that received n | nore than \$100,000 of | tay ve | ear | | | |
| Name an | (A) d business address | - | | | 9.17 | <i>y</i> | | Descri | (B) ption of services | rtux ye | | (C) mpensa | ation | |
| - | | | | | _ | | | | | | | | _ | |
| 2 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Total number of independen received more than \$100,00 | | | | | | | | | 0 | | | | | |
| DAA | | -cett | 5.11 | 2.140 | 3" | | | | (40) | | Forn | 990 | 0 (2022) | |

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under sections 512-514 (B) Related or exempt function revenue (A) Total revenue Unrelated business revenue Gifts, Grants illar Amounts 1a Federated campaigns 1a 1b b Membership dues 54,344 c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, 1,314,143 1f and similar amounts not included above g Noncash contributions included in 177,460 1q lines 1a-1f 1,368,487 h Total. Add lines 1a-1f Business Code 1,090,120 1,090,120 Program Service Revenue 453310 EARLY LEARNING CENTER 339,471 339,471 611600 BC SALES 623990 11,796 11,796 CHARIS HOUSE PARTICIP. FEES f All other program service revenue 1,441,387 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 144 144 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents 6a 6b b Less: rental expenses c Rental inc. or (loss) 6c d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory Other Revenue b Less: cost or other 7b basis and sales exps. c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events 54,344 (not including \$ of contributions reported on line 39,244 1c). See Part IV, line 18 8a 22,483 b Less: direct expenses 8b 16,761 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 10a returns and allowances **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** 900099 89,250 89,250 INSURANCE PROCEEDS 11a 15,780 15,780 MISCELLANEOUS INCOME d All other revenue 105,030 e Total. Add lines 11a-11d 2,931,809 1,546,561 0 Total revenue. See instructions

| Sect | ion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon | | | complete column (A). | |
|--------|--|-----------------------|------------------------------|---|--------------------------------|
| | ot include amounts reported on lines 6b, 7b, b, 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 | 41,948 | 41,948 | | |
| 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 | 71,776 | 39,477 | 32,299 | |
| 6 | Compensation not included above to disqualified | | | 32/272 | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 1,432,609 | 1,410,187 | 22,422 | |
| 8 | Pension plan accruals and contributions (include | _,, | | 22,122 | |
| - | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Dayroll tayon | | | | |
| 11 | Fees for services (nonemployees): | | | | |
| а. | | | | | |
| b | | | | | |
| | | | | | |
| ď | Accounting Lobbying | | | | |
| u 0 | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| | | | | | |
| g | | E4 000 | 40 061 | 12 047 | |
| 42 | (A) amount, list line 11g expenses on Schedule O.) | 54,008 24,010 | 40,061 | 13,947 22,500 | F00 |
| 12 | | 24,010 | 1,010 | 22,500 | 500 |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | 1 5 7 6 7 1 | 140 401 | 0 070 | |
| 16 | Occupancy | 157,671 | 148,401 | 9,270 | |
| 17 | Travel | 13,823 | 13,073 | 750 | |
| 18 | Payments of travel or entertainment expenses | | | 1 | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 55 710 | | | |
| 20 | Interest | 55,749 | 55,749 | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 146,482 | 113,116 | 33,366 | |
| 23 | Insurance | 54,505 | 40,187 | 14,318 | |
| 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.) | | | | |
| а | FOOD | 144,761 | 144,087 | 674 | |
| b | SUPPLIES AND PRINTING | 56,206 | 50,974 | 5,232 | |
| С | REPAIRS AND MAINTENANCE | 37,382 | 33,710 | 3,672 | |
| d | VENDOR SALES PROCEEDS | 21,187 | 21,187 | | |
| е | All other expenses | 29,402 | 15,727 | 12,516 | 1,159 |
| 25 | Total functional expenses. Add lines 1 through 24e | 2,341,519 | 2,168,894 | 170,966 | 1,659 |
| 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 following SOP 98-2 (ASC 958-720) | | | | - (|

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 622 Cash-non-interest-bearing 1 247. 209 2 997 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 16,638 4 4 Accounts receivable, net 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 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) 7 7 Notes and loans receivable, net 8 Inventories for sale or use 8 5,500 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 162,671 basis. Complete Part VI of Schedule D 10a 2,343,820 2,229,808 10b 932,863 10c **b** Less: accumulated depreciation 11 11 Investments—publicly traded securities 12 12 Investments—other securities. See Part IV, line 11 13 13 Investments—program-related. See Part IV, line 11 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 2,613,789 3,028,428 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 17 Accounts payable and accrued expenses 18 Grants payable 18 6,709

> 3,028,428 Form **990** (2022)

,633,070

1,395,358

395,358

244,170

1,388,900

19

20

21

22

23

24

25

26

27

28

29 30

31

32

33

324

1,455,016

519,

1,046,639

47,826

094.465

789

Net Assets or Fund Balances

31

32

19 Deferred revenue

of Schedule D

23

20 Tax-exempt bond liabilities

Escrow or custodial account liability. Complete Part IV of Schedule D

trustee, key employee, creator or founder, substantial contributor, or 35%

22 Loans and other payables to any current or former officer, director,

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

Organizations that follow FASB ASC 958, check here |X|

Organizations that do not follow FASB ASC 958, check her

Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds

controlled entity or family member of any of these persons

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

and complete lines 29 through 33.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Net assets with donor restrictions

Total net assets or fund balances

| Form | 990 (2022) MINISTRY VILLAGE AT OLIVE, INC. 26-2795365 | | | | Pag | je 12 |
|------|--|------------|--------|------|-----|--------------|
| | rt XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | 2000 | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2, | 93 | 1,8 | 309 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2, | 34 | 1,5 | 519 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 59 | 0,2 | 290 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1, | 09 | 4,4 | 465 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | |
| 6 | Donated services and use of facilities | 6 | | -9 | 3,8 | 855 |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | 4 | 2,: | 170 |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | |
| _ | - history consumption of the second s | 10 | 1, | 63 | 3,0 | 070 |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| _ | Check if Schedule O contains a response or note to any line in this Part XII | | D-11-1 | | | X |
| | | | _ | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Cash Other MODIFIED C | <u>ASH</u> | | | | |
| | 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? | | | 2a | Χ | |
| | 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: | | | - 1 | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | - 1 | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | Ĭ | |
| | separate basis, consolidated basis, or both: | | | - 1 | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | - 1 | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | - 1 | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | | | |
| | Schedule O. | | | - 1 | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | - 1 | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | | 3a | | |
| 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 | | | 3b | | |
| | | | | Form | 990 | (2022) |

SCHEDULE A (Form 990)

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.

2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization Employer identification number 26-2795365 MINISTRY VILLAGE AT OLIVE, INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) 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: 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 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported listed in your governing support (see other support (see (described on lines 1-10 organization document? instructions) instructions) above (see instructions)) No (A) (B) (C) (D) (E)

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

Schedule A (Form 990) 2022

Page 2

m 990) 2022 MINISTRY VILLAGE AT OLIVE, INC. 26-2795365
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | | | | |
|--------|---|--|---|--|--|------------------------------|-----------|
| Caler | dar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 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 5 | Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| Sec | tion B. Total Support | | | | | AL. | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc | | | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the o | | st, second, third, fo | ourth, or fifth tax y | year as a section | 501(c)(3) | _ |
| | organization, check this box and stop he | | | | *********** | | |
| _ | tion C. Computation of Public S | | | | | | - |
| 14 | Public support percentage for 2022 (line | 6, column (f) div | | | | | % |
| 15 | Public support percentage from 2021 Sci | | | FROM THE RESIDENCE TO SERVICE OF SERVICE STATE STATE OF SERVICE STATE S | | 15 | % |
| 16a | 33 1/3% support test—2022. If the orga | | | | 14 is 33 1/3% or m | nore, check this | r |
| L | box and stop here. The organization qua | | , ,, | 8 9 8 8 9 4 9 8 9 | umebeleis receie | | |
| D | 33 1/3% support test—2021. If the orga | | | | line 15 is 33 1/3% | or more, check | |
| 170 | this box and stop here. The organization | | | | 40.40406 | 109 510121017251751 | |
| 17a | 10%-facts-and-circumstances test—20 | | | | | | |
| | 10% or more, and if the organization meets Part VI how the organization meets the fa organization | acts-and-circums | stances test. The | organization qual | ifies as a publicly | supported | |
| b | 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization | D21. If the organ n meets the fact e facts-and-circu | ization did not che s-and-circumstand mstances test. Th | eck a box on line coes test, check the organization quality | 13, 16a, 16b, or 1 is box and stop h ralifies as a public | ere. Explain ly supported | |
| 18 | Private foundation. If the organization of instructions | lid not check a b | ox on line 13, 16a | ı, 16b, 17a, or 17l | b, check this box | and see | |

MINISTRY VILLAGE AT OLIVE, INC. Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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.)

| Sec | tion A. Public Support | | | *** | | | |
|------|--|-----------------------|--|----------------------|---------------------------------|---|------------|
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 961,283 | 863,090 | 940,956 | 980,438 | 1,368,487 | 5,114,254 |
| 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 | 421,997 | 1,088,724 | 1,004,915 | 1,249,690 | 1,585,805 | 5,351,131 |
| 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 | 1,383,280 | 1,951,814 | 1,945,871 | 2,230,128 | 2,954,292 | 10,465,385 |
| 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 | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | 10,465,385 |
| | tion B. Total Support | | | | | T | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 9 | Amounts from line 6 | 1,383,280 | 1,951,814 | 1,945,871 | 2,230,128 | 2,954,292 | 10,465,385 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 327 | 202 | 41 | 24 | 144 | 738 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | 327 | 202 | 41 | 24 | 144 | 738 |
| 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.) | 1,383,607 | 1,952,016 | 1,945,912 | 2,230,152 | 2,954,436 | 10,466,123 |
| 14 | First 5 years. If the Form 990 is for the organization, check this box and stop he | organization's first, | | | | 01(c)(3) | |
| Sec | tion C. Computation of Public | | ntage | | | | |
| 15 | Public support percentage for 2022 (line | | | lumn (f)) | | 15 | 99.99% |
| 16 | Public support percentage from 2021 So | | | (d) (1) 363343004304 | \$0.4(\$P\$0.6000)\$P\$0.000000 | 16 | 99.99% |
| | ction D. Computation of Investm | | The state of the s | ************ | | | 1001.001 |
| 17 | Investment income percentage for 2022 | | | 13. column (f)) | | 17 | % |
| | nvestment income percentage from 2021 | | 1 1: 47 | | | 10 | % |
| 19a | 33 1/3% support tests—2022. If the org | | | line 14, and line 1 | 5 is more than 33 | 0.0000000000000000000000000000000000000 | |
| | 17 is not more than 33 1/3%, check this | | | | | | X |
| b | 33 1/3% support tests—2021. If the org | | | | | | nd |
| - | line 18 is not more than 33 1/3%, check | this box and stop | here. The organi | zation qualifies as | a publicly suppo | rted organization | Managaran |
| 20 | Private foundation. If the organization | did not check a box | c on line 14, 19a, | or 19b, check this | s box and see inst | ructions | |

Part IV Supporting Organizations

(Complete only if you checked a box on 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

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

| | Yes | No |
|--------------|-----|----|
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Sc

26-2795365 MINISTRY VILLAGE AT OLIVE, INC. Page 5 Schedule A (Form 990) 2022 Supporting Organizations (continued) Part IV Yes No 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 11a 11c below, the governing body of a supported organization? 11b **b** A family member of a person described on line 11a above? 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 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. 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, 2 supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Yes No 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 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). 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. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. а The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). С Yes No 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 2a that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would 2b have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2022

3a

3b

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

3

4

5

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

4 Enter greater of line 2 or line 3.

(see instructions).

Income tax imposed in prior year

| Schedule A | (Form | 990) | 2022 |
|------------|-------|------|------|

| Par | t V Type III Non-Functionally Integrated 509(a)(3 | | | | SOS Page I |
|-----|--|-----------------------------|---------------------------|-----------|------------------------|
| | Type in Non-Lanctionary integration coolage | , oupporting organ | izationo (oomina | 1 | - |
| Sec | tion D – Distributions | | | | Current Year |
| 1_ | Amounts paid to supported organizations to accomplish exempt pur | poses | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exempt purpose | ses of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purposes of su | pported organizations | | 3 | |
| 4_ | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required—provide of | details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7_ | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the organ | nization is responsive | | 8 | |
| | (provide details in Part VI). See instructions, | | | \square | |
| 9_ | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| _10 | Line 8 amount divided by line 9 amount | | · | 10 | |
| Coo | tion F. Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution | . | (iii) Distributable |
| Sec | tion E – Distribution Allocations (see instructions) | LYCESS DISTINUTIONS | Pre-2022 | 13 | Amount for 2022 |
| 1 | Distributable amount for 2022 from Section C, line 6 | | 116-2022 | | Alliount for 2022 |
| | Underdistributions, if any, for years prior to 2022 | | | \neg | |
| _ | (reasonable cause required–explain in Part VI). See | | | | |
| | instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| a | From 2017 | | | _ | |
| b | From 2018 | | | | |
| c | From 2019 | | | _ | |
| d | From 2020 | | | _ | |
| | From 2021 | | | _ | |
| | Total of lines 3a through 3e | | | _ | |
| | Applied to underdistributions of prior years | | | - | |
| | Applied to 2022 distributable amount | | | - | |
| i | Carryover from 2017 not applied (see instructions) | | | _ | |
| i | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | - | |
| 4 | Distributions for 2022 from | | | | |
| | Section D, line 7: \$ | | - | - | |
| | Applied to underdistributions of prior years | | | - | |
| | Applied to 2022 distributable amount | | | - | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | - | |
| 5 | Remaining underdistributions for years prior to 2022, if any, Subtract lines 3g and 4a from line 2. For result | | | | |
| | greater than zero, explain in Part VI. See instructions. | | | | |
| | Remaining underdistributions for 2022. Subtract lines 3h | | | - | |
| 6 | | | | | |
| | and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | 4 | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j | | | 7 | |
| ′ | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 | | | | |
| | Excess from 2022 | | | | |

| 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, 2 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 I lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.

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

Name of the organization

MINISTRY VILLAGE AT OLIVE, INC.

26-2795365

| LITHIDILI ATT | DAGE AT OUTVE, INC. | 20 2133303 |
|---|---|-----------------------------|
| Organization type (check o | | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | \boxed{X} 501(c)(3) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |
| 9 | | |
| | s covered by the General Rule or a Special Rule. 1(7), (8), or (10) organization can check boxes for both the General Rule and a Special F | Rule. See |
| General Rule | | |
| | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling or property) from any one contributor. Complete Parts I and II. See instructions for determental or the contributions. | |
| Special Rules | | |
| regulations under se 16b, and that receiv | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support te ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line ed from any one contributor, during the year, total contributions of the greater of (1) \$5, int on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. | 13, 16a, or |
| contributor, during the literary, or education | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the year, total contributions of more than \$1,000 exclusively for religious, charitable, sciental purposes, or for the prevention of cruelty to children or animals. Complete Parts I (er instead of the contributor name and address), II, and III. | ntific, |
| contributor, during the contributions totaled during the year for a General Rule applie | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the year, contributions exclusively for religious, charitable, etc., purposes, but no such it more than \$1,000. If this box is checked, enter here the total contributions that were rean exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless to this organization because it received nonexclusively religious, charitable, etc., contains during the year | ceived the tributions |
| must answer "No" on Part I | nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F V, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 9 eet the filing requirements of Schedule B (Form 990). | |

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

Schedule B (Form 990) (2022)

PAGE 1 OF 2

age 2

Name of organization

MINISTRY VILLAGE AT OLIVE, INC.

Employer identification number 26-2795365

| Part i | Contributors (see instructions). Use duplicate copies of | Part I if additional space is | s needed. |
|------------|--|-------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| . 1 | | \$ 744,117 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$ 284,283 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$ 30,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$ 14,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$ 5,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$ 5,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

PAGE 2 OF 2

Name of organization

Employer identification number 26–2795365

| MINISTRY | VILLAGE | AT | OLIVE, | INC. |
|----------|---------|----|--------|------|
|----------|---------|----|--------|------|

| Part I | Contributors (see instructions). Use duplicate copies of | f Part I if additional space i | s needed. |
|------------|--|--------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| .7 | | \$ 7,500 | Person X |
| (a) | (b) | (c) Total contributions | (d) Type of contribution |
| No. | Name, address, and ZIP + 4 | \$ 10,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | | s 5,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 10 | | \$ 5,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| .11. | | \$ 5,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 12 | E POS PASA PARA ANTE DE SELECTION DE SELECTI | \$ 5,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

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

2022
Open to Public Inspection

Name of the organization Employer identification number MINISTRY VILLAGE AT OLIVE, INC 26-2795365 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 Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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 Assets included in Form 990, Part X

| Sche | edule D (Form 990) 2022 MINISTRY | Y VILLAGE A | T OLIVE, | INC. | 26-27953 | 365 | | Page 2 |
|------|--|-------------------------|-----------------------|---------------------|------------------|-----------------|---------------|---------|
| | art III Organizations Maintain | ing Collections o | of Art, Historic | al Treasure | s, or Other | Similar Ass | ets (cont | inued) |
| 3 | | | | | | | | |
| а | Public exhibition | d 🗍 L | oaп or exchange | program | | | | |
| b | part | Account. | Other | | | | | |
| C | Preservation for future generations | | *********** | | ***** | 0.14430-3 | | |
| 4 | Provide a description of the organization' | s collections and expla | ain how they furth | er the organizati | on's exempt pu | roose in Part | | |
| 7 | XIII. | o conconone una exp. | ami 1.011 ti.o, 1211. | organia | | ., | | |
| 5 | During the year, did the organization solid | cit or receive donation | s of art. historical | treasures, or oth | ner similar | | | |
| • | assets to be sold to raise funds rather that | | | | | | Yes | No |
| Pa | art IV Escrow and Custodial A | | | | | | | |
| | Complete if the organizat | tion answered "Ye | s" on Form 99 | 0, Part IV, lir | ne 9, or repo | rted an amo | ount on Fo | orm |
| | 990, Part X, line 21. | | | | | | | |
| 1a | Is the organization an agent, trustee, cus | todian or other interme | ediary for contribu | tions or other as | sets not | | | |
| | - | | | | | | Yes | No |
| b | If "Yes," explain the arrangement in Part | XIII and complete the | following table: | | | | | |
| | | | | | | | Amount | |
| С | Beginning balance | | | | .010113010110420 | 1c | | |
| | Additions during the year | | | | | | | |
| | Distributions during the year | | | | | 1e | | |
| | Ending balance | | | | | 1f | | |
| 2a | Did the organization include an amount of | on Form 990, Part X, li | ne 21, for escrow | or custodial acc | ount liability? | | Yes | No |
| b | If "Yes," explain the arrangement in Part | XIII. Check here if the | explanation has l | een provided or | Part XIII | | | |
| Pa | art V Endowment Funds. | | | | | | | |
| | Complete if the organizat | ion answered "Ye | es" on Form 99 | 0, Part IV, lir | <u>ne 10.</u> | | | |
| | | (a) Current year | (b) Prior year | (c) Two year | s back (d) Ti | hree years back | (e) Four yea | rs back |
| | Beginning of year balance | | | | | | | |
| b | Contributions | | | | | | | |
| | Net investment earnings, gains, and | | | | | | | |
| | losses | | | | | | | |
| d | Grants or scholarships | | | | | | | |
| е | Other expenditures for facilities and | | | | | | | |
| | programs | | | | | | | |
| | Administrative expenses | | | | | | | |
| g | End of year balance | | | | | | | |
| 2 | | | nce (line 1g, colur | nn (a)) held as: | | | | |
| а | Board designated or quasi-endowment | | | | | | | |
| | Permanent endowment % | | | | | | | |
| С | Term endowment % | 1 11 14000/ | | | | | | |
| | The percentages on lines 2a, 2b, and 2c | | :4; 4b4 b_ | ld and administrate | rad for the | | | |
| за | Are there endowment funds not in the po | ssession of the organ | ization that are ne | na and administr | erea for the | | Ye | s No |
| | organization by: | | | | | | 3a(i) | 3 110 |
| | | | | | | | 3a(ii) | _ |
| h | (ii) Related organizationsIf "Yes" on line 3a(ii), are the related organizations | nizatione lietad as roo | uired on Schedul | a P2 | | | 3b | _ |
| 4 | Describe in Part XIII the intended uses of | | | e IVI | v********** | | 00 | |
| | art VI Land, Buildings, and Ed | | downlent lands. | | * | | | |
| | Complete if the organization | tion answered "Ye | es" on Form 99 | 0 Part IV lir | ne 11a. See | Form 990. | Part X. lin | e 10. |
| _ | Description of property | (a) Cost or other b | | or other basis | (c) Accumula | | (d) Book valu | |
| | Boodington or property | (investment) | , , | (other) | depreciatio | | | |
| 1- | Land | | | 259,100 | | | 259 | ,100 |
| | Duildings | | 2. | 507,907 | | | 2,507 | ,907 |
| | : Leasehold improvements | *1 | | 1,850 | | | 1 | 850 |
| | Equipment | :4 | | 393,814 | | | 393 | ,814 |
| | Other | *** | | 550,011 | 932 | ,863 | -932 | ,863 |
| | al. Add lines 1a through 1e. (Column (d) m | ust equal Form 990. F | Part X, column (B) | line 10c.) | | | | ,808 |
| | The second of the second secon | CHORDON TO SCHOOL | | | | | | |

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|---------------|---|----------------------|---------------------------------|-------------------|
| Schedule D (F | Investments – Other Securities. | OLIVE, INC. | 26-2795365 | Page 3 |
| ** | Complete if the organization answered "Yes" ((a) Description of security or category | (b) Book value | (c) Method of | |
| | (including name of security) | (b) Book value | Cost or end-of-yea | |
| (1) Financial | derivatives | | | |
| | eld equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | (A) | | | |
| Part VIII | in (b) must equal Form 990, Part X, col. (B) line 12.) Investments – Program Related. | | | |
| rait viii | Complete if the organization answered "Yes" of | on Form 990 Part IV | line 11c See Form 0 | 00 Port V line 12 |
| | (a) Description of investment | (b) Book value | (c) Method of | |
| | (4) Sassipast of intestination | (b) book value | Cost or end-of-year | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| _(8) | | | | |
| (9) | arrowspicous encountries 50004 USS carrent 50004 | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. | | l' 44 0 E 0 | 55 5 18 11 15 |
| | Complete if the organization answered "Yes" | on Form 990, Part IV | , line 11d. See Form 9 | |
| (4) | (a) Description | | | (b) Book value |
| (1) | | | | |
| (3) | | | | |
| (4) | | | | <u></u> |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 15.) | | | |
| Part X | Other Liabilities. | | | |
| | Complete if the organization answered "Yes" line 25. | on Form 990, Part IV | , line 11e or 11f. See i | Form 990, Part X, |
| 1. | (a) Description of liability | | | (b) Book value |
| (1) Federal | income taxes | | | |
| (2) | | | | |
| (3) | | | | |

| 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, Pa | rt 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.

| | edule D (Form 990) 2022 MINISTRY VILLAGE AT OLIV | E, INC. 26- | 2795365 | Page 4 |
|-------------------|---|--|-------------------------------------|--------|
| Pa | art XI Reconciliation of Revenue per Audited Financial | | | |
| _ | Complete if the organization answered "Yes" on Forr | n 990, Part IV, line 12 | a. 1 | |
| 1 | Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | ******* | |
| | Net unrealized gains (losses) on investments | 2a | | |
| | | UD 1000C | | |
| ט | Donated services and use of facilities | 10000000 | | |
| 4 | Recoveries of prior year grants Other (Describe in Part XIII.) | 13 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | |
| | | | 2e | |
| | Add lines 2a through 2d Subtract line 2e from line 1 | | 3 | |
| | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 1 | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| | Other (Describe in Part XIII.) | CHARLES CO. | | |
| | Add lines 4a and 4b | | 4c | |
| | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 | 2.) | 5 | |
| | art XII Reconciliation of Expenses per Audited Financial | Statements With Ex | penses per Return | |
| | Complete if the organization answered "Yes" on Form | n 990, Part IV, line 12 | | |
| | Total expenses and losses per audited financial statements | | 1 | |
| | Amounts included on line 1 but not on Form 990, Part IX, line 25: | V | | |
| | Donated services and use of facilities | | | |
| b | Prior year adjustments | 2b | | |
| | Other losses | | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| | Add lines 2a through 2d | | | |
| | | | 61.61068.752.8368 3 | |
| 4 | Subtract line 2e from line 1 | | | |
| | Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| | Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 4a 4b | | |
| b c | Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b | 4b | 4c | |
| b c 5 | Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line | 4b | 4c 5 | |
| b c 5 | Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information. | 4b 18.) | 5 | |
| b c 5 Pa | Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information. | 18.) 14; Part IV, lines 1b and 2b | 5 o; Part V, line 4; Part X, lir | e |
| b c 5 Pa | Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information. | 18.) 14; Part IV, lines 1b and 2b | 5 o; Part V, line 4; Part X, lir | e |
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| Part XIII Supplemental Information (continued) | 26-2795365 | Page 5 |
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| Part XIII Supplemental Information (continued) | | |
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SCHEDULE G (Form 990)

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

Open to Public Inspection

| lame of the organization | | +, | 10 | | Employer identifica | |
|--|--------------------|------------------------|--|--------------------------------------|--|---|
| Part I Fundraising Activities. Complete | if the organiz | ation | anev | wared "Ves" on Fo | 26-27953 | line 17 |
| Form 990-EZ filers are not required | to complete | this r | ans art. | wered res on ro | 111 990, 1 ait iv, | inie ir |
| 1 Indicate whether the organization raised funds through | | | | es. Check all that apply | * | |
| a Mail solicitations | Solicitation | n of no | n-go | vernment grants | | |
| b Internet and email solicitations | Solicitation | n of go | vern | ment grants | | |
| c Phone solicitations | g 🗌 Special fu | ndrais | ing ev | vents | | |
| d In-person solicitations | | | | | | |
| 2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entity | y in connection v | vith pr | ofessi | onal fundraising service | es? | Yes No |
| b If "Yes," list the 10 highest paid individuals or entities (compensated at least \$5,000 by the organization. | (fundraisers) pur | suant | to agr | eements under which to | he fundraiser is to b | e |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | raise custo conf | d fund- r have ody or rol of utions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | |
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| otal . | .01710110121012 | | | | | |
| List all states in which the organization is registered or registration or licensing. | r licensed to soli | cit con | tributi | ions or has been notifie | d it is exempt from | |
| | | | | | 2005-0-25686848666888 | |
| C13 (C24) (C | 1):00100001001000 | 191111912 | | | | |
| \$31.44\$.450\$.64\$.64\$E1.550\$.1100\$.68E0.50\$.68E0.68E8.00\$.68E1.00\$. | | **** | 000000 | - 2543432 25434344 4724624 472 | | |
| $c_{1}c_{2}c_{3}c_{4}c_{5}c_{5}c_{5}c_{5}c_{5}c_{5}c_{5}c_{5$ | **** | 8.58881.01 | 550000 | usessamo es 1880-les | **************** | |

| Par | t II Fundraising E than \$15,000 o | MINISTRY VILLAGE vents. Complete if the orga f fundraising event contribu greater than \$5,000. | anization answered "Yes" | on Form 990, Part IV, I | |
|-------------------|---|---|--|---------------------------------------|--|
| | | (a) Event #1 <u>CLAY SHOOT</u> (event type) | (b) Event #2 | (c) Other events NONE (total number) | (d) Total events (add col. (a) through col. (c)) |
| 1 | Gross receipts | 93,588 | | | 93,588 |
| | 2 Less: Contributions 3 Gross income (line 1 minus line 2) | 54,344 39,244 | | | 54,344 39,244 |
| | 1 Cash prizes | 1,400 | | | 1,400 |
| | 5 Noncash prizes | 1,685 | | | 1,685 |
| ١, | Rent/facility costs | 9,666 | | | 9,666 |
| | 7 Food and beverages | | | | |
| | 3 Entertainment | 2,000 | | | 2,000 |
| 1 | | | | 1 | |
| 1 | Other direct expenses | 7,732 | | | 7,732 |
| 1 | Direct expense summary. S Net income summary. S HII Gaming. Com | 7,732 y. Add lines 4 through 9 in column ubtract line 10 from line 3, column iplete if the organization an orm 990-EZ, line 6a. | (d) | 90, Part IV, line 19, or re | 22,483 16,761 |
| 1 1 | Direct expense summany. S Net income summary. S HII Gaming. Com | y. Add lines 4 through 9 in column ubtract line 10 from line 3, column aplete if the organization an | (d) | 90, Part IV, line 19, or re | 22,483 16,761 |
| 1 1 Pai | Direct expense summany. S Net income summary. S HII Gaming. Com | y. Add lines 4 through 9 in column ubtract line 10 from line 3, column uplete if the organization an orm 990-EZ, line 6a. | (d) swered "Yes" on Form 99 (b) Pull tabs/instant | | 22, 483 16, 761 eported more than |
| ai | Direct expense summary. S Net income summary. S HII Gaming. Com \$15,000 on For | y. Add lines 4 through 9 in column ubtract line 10 from line 3, column uplete if the organization an orm 990-EZ, line 6a. | (d) swered "Yes" on Form 99 (b) Pull tabs/instant | | 22, 483 16, 761 eported more than |
| aı | Direct expense summary. S I Net income summary. S III Gaming. Com \$15,000 on For Gross revenue | y. Add lines 4 through 9 in column ubtract line 10 from line 3, column uplete if the organization an orm 990-EZ, line 6a. | (d) swered "Yes" on Form 99 (b) Pull tabs/instant | | 22, 483 16, 761 eported more than |
| 1 1 2 aı | Direct expense summary. Still Gaming. Com \$15,000 on Form Gross revenue Cash prizes | y. Add lines 4 through 9 in column ubtract line 10 from line 3, column uplete if the organization an orm 990-EZ, line 6a. | (d) swered "Yes" on Form 99 (b) Pull tabs/instant | | 22, 483 16, 761 eported more than |
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| aı | Direct expense summany. St III Gaming. Com \$15,000 on For \$15,000 | y. Add lines 4 through 9 in column ubtract line 10 from line 3, column uplete if the organization an orm 990-EZ, line 6a. | (d) swered "Yes" on Form 99 (b) Pull tabs/instant | | 22, 483 16, 761 eported more than |
| 1 1 Pai | Direct expense summary Net income summary. S III Gaming. Com \$15,000 on For Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor | y. Add lines 4 through 9 in column ubtract line 10 from line 3, column aplete if the organization anorm 990-EZ, line 6a. (a) Bingo | Yes % | (c) Other gaming Yes % No | 22, 483 16, 761 eported more than |

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

| Sche | edule G (F | orm 990) 2022 | MINISTE | RY VII | LAGE | ΑT | OLIVE, | INC. | 26-2795365 | | | Р | age 3 |
|---------------|---|--|--------------------|------------------|-----------------|----------------|--|---|--|--|---------------|-----------|-------------------------|
| 11 | Does the | organization cor | | | | | | | X0441444 KEANGAANGAANA 1 E KEAN 1717 | | | Yes | No |
| 12 | Is the or | ganization a gran | tor, beneficiary | or trustee | of a trust, o | or a me | ember of a pa | artnership or | other entity | 13.500 | | | |
| | formed t | o administer char | itable gaming? | 10-21-01-0-0 | | | | | | 9000000 | | Yes | No |
| 13 | | the percentage o | | | | | | | | | | | |
| а | The orga | anization's facility | **** | | | 001886 | | -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 13a | | | <u>%</u> |
| b | | de facility | | attendant to | | | | | | 13b | | | <u>%</u> |
| 14 | enter the | e name and addre | ess of the perso | n who pre | pares the c | organiz | zation's gami | ng/special e | vents books and | | | | |
| | records. | | | | | | | | | | | | |
| | Name | | | | | | | | | | | | |
| | , , , , , | ************ | | | COLUMN TERM | | | | | | 9539550 | | |
| | Address | | | | | | | | | | | | |
| | | | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 7. | |
| 15a | Does the | e organization ha | ve a contract wi | th a third p | arty from v | whom | the organizat | tion receives | gaming | | | | _ |
| | revenue | ? | | | | | | | | | | Yes | No |
| b | If "Yes," | enter the amount | of gaming reve | nue receiv | ed by the | organi | zation \$ | | and the | | | | |
| | | of gaming revenu | | | ty \$ | F F 10 - 1 F F | | 03050 | | | | | |
| С | It "Yes," | enter name and | address of the t | nira party: | | | | | | | | | |
| | Name | | | | | | | | | | | | |
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| 16 | Gaming | manager informa | tion: | | | | | | | | | | |
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| | Name | | .,,,,,,,,,,,,,,,,, | | | erere. | | | | | | | |
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| | Gaming | manager comper | isation \$ | | | | | | | | | | |
| | Descript | ion of services pr | ovided | | | | | | | | | | |
| | Descript | ion or services pr | Ovided | on in Strangoni, | | arran a | | | | | | | |
| | Dire | ctor/officer | Employ | ee | Inde | epend | ent contracto | or | | | | | |
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| 17 | | ory distributions: | | | | | | | | | | | |
| а | | ganization require | | | | | | - | | | | | |
| | retain the | e state gaming lic | ense? | | | | | | | and planning or | | Yes | No |
| Ь | | e amount of distri | • | | | | | er exempt or | ganizations or | | | | |
| - Da | spent in | the organization's | | | | | | quired by | Part I, line 2b, column | e (iii) a | nd (v | (). σι | <u> </u> |
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SCHEDULEI (Form 990)

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990. Grants and Other Assistance to Organizations,

OMB No. 1545-0047 2022

Open to Public Inspection

Employer identification number 26-2795365 Go to www.irs.gov/Form990 for the latest information. CNL MINISTRY VILLAGE AT OLIVE, Department of the Treasury Internal Revenue Service Name of the organization

| Part | General Information on Grants and Assistance | d Assistance | | | | | | |
|---------|--|-----------------------------|---------------------------------------|--|----------------------------------|---|--|------------------------------------|
| 1 Does | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance; and the selection criteria used to award the grants or assistance? | the amount of the | e grants or | e grants or assistance, the grantees | ees' eligibility for the | grants or assistan | ce, and | Yes X No |
| [G | Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | omestic Organic received mo | anization re than \$ | Inizations and Domestic Governments. Complete if the organization te than \$5,000. Part II can be duplicated if additional space is needed | Governments. be duplicated if | Complete if the additional space | organization a | answered "Yes" on Form (|
| - | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (9) | 21 O 1101 POST (E. 150 B) O 81 D 1 O 12 8 (E. 150 P) O 15 O 1 | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (6) | | | | | | 1 | | |
| 2 Enter | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | corganizations lis | sted in the li | ine 1 table | | *************************************** | A town of Labour Lower Labour Contract | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2022)

| Schedule I (Form 990) (2022) MINISTRY VILLAGE AT OLIVE, INC. 26–2795365 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. | LEAGE AT OLIV to Domestic Individitional space is need | E, INC. 26 Iuals. Complete if the | 5-2795365 le organization ansv | wered "Yes" on Form 990 | Page 2 , Part IV, line 22. |
|--|---|-----------------------------------|-----------------------------------|---|---|
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (e) Method of valuation (book, (f) Description of noncash assistance FMV, appraisal, other) |
| 1 HOUSING & UTILITY | | 41,948 | | EMV | |
| 2 | | | | | |
| 6 | | | | | |
| 4 | | | | | |
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| 0 | | | | | |
| Part IV Supplemental Information. Provide the information required in | ovide the information | Part | line 2: Part III. colum | column (b): and any other additional information | tional information |
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Pg 35

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

2022

Open To Public Inspection

Name of the organization Employer identification number MINISTRY VILLAGE AT OLIVE, INC. 26-2795365 Part I Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art — Fractional interests Books and publications Clothing and household 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded Securities — Closely held stock 10 11 Securities - Partnership, LLC, or trust interests 12 Securities — Miscellaneous Qualified conservation contribution - Historic structures 14 Qualified conservation contribution — Other Real estate — Residential 15 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 3500 19 Food inventory X 619 **FMV** Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other (OFFICE SPACE 944 FMV 26 Other (ACCOUNTING X 911 FMV 4 27 Other (SUPPLIES 986 FMV 28 Other (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 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

| Schedule M (Fe | orm 990) 2022 MTN | TSTRY | VIIIIAGI | Z AT | OLIVE. | INC. | 26-2795365 | Page 2 |
|---|--|--------------------------------------|--|---|---|----------------|--|--|
| Part II | the organizatio | n is report | ting in Parl | t I, colu | ımn (b), the | e number o | by Part I, lines 30b, 32 of contributions, the normal information. | Page 2 2b, and 33, and whether umber of items received, |
| | | | | | | | | |
| *(*********** | | | | | | | | |
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SCHEDULE O (Form 990)

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.

Open to Pullspection

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| MINISIRY VILLAGE AT OLIVE, INC. | 26-2795365 |
|--|--|
| FORM 990, PART VI - ADDITIONAL INFORMATION | |
| THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONF | LICT OF INTEREST |
| POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PU | BLIC UPON REQUEST. |
| University of the second process of the seco | |
| FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS | |
| THE EXECUTIVE DIRECTOR REVIEWS THE FORM 990 WITH THE FILED. | BOARD BEFORE IT IS |
| TETHER. | *************************************** |
| FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DIS | CLOSURE EXPLANATION |
| MADE AVAILABLE UPON REQUEST. | TEACH DESCRIPTION OF STREET STREET, AND STREET |
| FORM 000 PARE HIT TIME 1 GUINGE IN AGGOVIETNO ME | |
| FORM 990, PART XII, LINE 1 - CHANGE IN ACCOUNTING ME | |
| FOR THE FISCAL YEAR ENDING MARCH 31, 2023, THE ORGAN | |
| POLICY OF PREPARING ITS FINANCIAL STATEMENTS ON THE | 300000000000000000000000000000000000000 |
| ACCOUNTING. PRIOR TO APRIL 1, 2022, THE ORGANIZATION | |
| WERE PREPARED IN ACCORDANCE WITH ACCOUNTING PRINCIPI | |
| IN THE UNITED STATES OF AMERICA. MANAGEMENT BELIEVES | |
| RESULTS IN MORE RELEVANT FINANCIAL REPORTING THAT IS | S EASIER AND LESS COSTLY |
| TO UNDERSTAND, APPLY, AND USE IN THE ORGANIZATION'S | CIRCUMSTANCES AND |
| CONSIDERING THE NEEDS OF THE USERS OF THE FINANCIAL | STATEMENTS. |
| | |
| | |
| | |

Form 990 Two Year Comparison Report
For calendar year 2022, or tax year beginning 04/01/22 , ending 03/31/23

Name
Taxpayer Identification Number

| Nai | ne | | | Tax | cpayer Identification Number |
|-------------------|--|-----|-----------|----------|------------------------------|
| N | MINISTRY VILLAGE AT OLIVE, INC. | | | 26 | 6-2795365 |
| | INIDIKI VIDDAGE AT ODIVE, INC. | | 2021 | 2022 | Differences |
| | 1. Contributions, gifts, grants | 1. | 980,438 | 1,368,4 | 87 388,049 |
| | 2. Membership dues and assessments | 2. | | | |
| | 3. Government contributions and grants | 3. | | | |
| пe | 4. Program service revenue | 4. | 1,197,328 | 1,441,3 | 87 244,059 |
| e u | 5. Investment income | 5. | 24 | 1 | 44 120 |
| > | 6. Proceeds from tax exempt bonds | 6. | | | |
| 2 | 7. Net gain or (loss) from sale of assets other than inventory | 7. | | | |
| | 8. Net income or (loss) from fundraising events | 8. | 28,664 | 16,7 | 61 -11,903 |
| | 9. Net income or (loss) from gaming | 9. | | | |
| | 10. Net gain or (loss) on sales of inventory | 10. | | | |
| | 11. Other revenue | 11. | 8,955 | | |
| | 12. Total revenue. Add lines 1 through 11 | 12. | 2,215,409 | | |
| | 13. Grants and similar amounts paid | 13. | 48,558 | 41,9 | 48 -6,610 |
| | 14. Benefits paid to or for members | 14. | | | |
| 9 | 15. Compensation of officers, directors, trustees, etc. | 15. | 45,717 | 71,7 | |
| S | 16. Salaries, other compensation, and employee benefits | 16. | 1,223,177 | 1,432,6 | 09 209,432 |
| o O | 17. Professional fundraising fees | 17. | | | |
| × | 18. Other professional fees | 18. | 36,247 | 54,0 | |
| ш | 19. Occupancy, rent, utilities, and maintenance | 19. | 151,878 | | |
| | 20. Depreciation and Depletion | 20. | 139,351 | 146,4 | |
| | 21. Other expenses | 21. | 389,273 | 437,0 | |
| | 22. Total expenses. Add lines 13 through 21 | 22. | 2,034,201 | 2,341,5 | |
| 11 | 23. Excess or (Deficit). Subtract line 22 from line 12 | 23. | 181,208 | | |
| | 24. Total exempt revenue | 24. | 2,215,409 | 2,931,8 | 09 716,400 |
| Ē | 25. Total unrelated revenue | 25. | 1 006 007 | 1 546 5 | 61 240 054 |
| aţ; | 26. Total excludable revenue | 26. | 1,206,307 | 1,546,5 | |
| Ë | 27. Total assets | 27. | 2,613,789 | 3,028,4 | 28 414,639 |
| g. | 28. Total liabilities | 28. | 1,519,324 | 1,395,3 | |
| 10 | 29. Retained earnings | 29. | 1,094,465 | 1,633,0 | 70 538,605 |
| Other Information | 30. Number of voting members of governing body | 30. | 15 | 12 12 | |
| O | 31. Number of independent voting members of governing body | 31. | 15 | | |
| | 32. Number of employees | 32. | 73 | 74 | |
| | 33. Number of volunteers | 33. | 100 | 100 | |

| Name | | lax k | l ax Keturn History | | | |
|---------------------------------|----------------------------|-------------|---------------------|-----------|-----------------|---|
| MINISTRY | MINISTRY VILLAGE AT OLIVE, | OLIVE, INC. | | | Employe 26-2 | Employer Identification Number 26-2795365 |
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Contributions, gifts, grants | | 863,090 | 940,956 | 980,438 | 1,368,487 | |
| Membership dues | | | | | - 1 | |
| Program service revenue | | 1,004,203 | 952,423 | 1,197,328 | 1,441,387 | |
| Capital gain or loss | | | 1 0 | 70 | 111 | |
| Investment income | | 707 | 4T 3C 3S | 78 664 | 16 761 | |
| Caming revenue (income/loss) | | al I | 4 | J | J | |
| Other revenue (mconnectors) | | 7.428 | 8 501 | 8,955 | 105.030 | |
| Total revenue | | 1.931,127 | 4 , | 2,215,409 | 1 . | |
| Grants and similar amounts paid | | 98,3 | 63 | 48, | 1 | |
| Benefits paid to or for members | | | | | | |
| Compensation of officers, etc. | | | 59,019 | 45,717 | 1 | |
| Other compensation | | 1,186,838 | 1,165,085 | 1,223,177 | 1,432,609 | |
| Professional fees | | 88,883 | 42,847 | 36,247 | 54,008 | |
| Occupancy costs | | 180,765 | 157,021 | 151,878 | 157,671 | |
| Depreciation and depletion | | 50,4 | 132,389 | 139,351 | 9 | |
| Other expenses | | 500,427 | 568,193 | 389,273 | 437,025 | |
| Total expenses | | 2,205,726 | | 2,034,201 | 2,341,519 | |
| Excess or (Deficit) | | -274,599 | -271,439 | 181,208 | 590,290 | |
| Total exempt revenue | | 1,931,127 | 1.938.749 | 2.215.409 | 2.931.809 | |
| Total unrelated revenue | | 1 | | | 1 | |
| Total excludable revenue | | 1,011,833 | 960,965 | 1,206,307 | 1,546,561 | |
| Total Assets | | 2,622,117 | 2,521,629 | - 4 | - | |
| Total Liabilities | | 1,699,443 | 52,1 | - 4 | - | |
| Net Fund Balances | | 922,674 | 569,491 | 1,094,465 | 1,633,070 | |

| 26-2795365 | Federal Sta | Statements | | Page 1 |
|---|---|-----------------------------|---|-----------------------|
| Form 990 | Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee) | ees for Service (Non-e | mployee) | |
| | Expenses | Program Service | Management & General | Fund Raising |
| DANN CHANGES AND MENCHANI FEE PROFESSIONAL AND LEGAL FEES TOTAL | \$ 24,008 | \$ 20,720 | \$ 13,000 \$ 13,947 | · · · · · · · |
| | Form 990, Part IX, Line 24e - All Other Expenses | e - All Other Expenses | | *E |
| Description | Total Expenses | Program Service | Management & General | Fund Raising |
| MISCELLANEOUS TECHNOLOGY CONTRIBUTIONS TO OTHERS BANK CHARGES AND MERCHANT | \$ 15,738 10,524 1,981 | \$ 10,013 3,733 1,981 | \$ 5,725 6,791 | \$ |
| MISC TRAVEL TOTAL | 400 52 \$ 29,402 | \$ 15,727 | \$ 12,516 | 400 52 \$ 1,159 |
| | Schedule A, Part III, Line 1(e) | (III, Line 1(e) | | |
| | Description | | Amount | R |
| IN-KIND FOOD PANTRY IN-KIND RENT IN-KIND ACCOUNTING CONTRIBUTIONS GRANTS IN-KIND SUPPLIES | | | \$ 82,619 73,944 19,911 850,900 285,783 | |
| CASH CONTRIBUTION TOTAL | | | 54,344 | |
| | | | | |
| | | | | |

| BC SALES EARLY LEARNING CENTER CHARIS HOUSE PARTICIP. FEES | rederal Statements | ٠ | Page 2 |
|---|--|---|--------|
| BC SALES EARLY LEARNING CENTER CHARIS HOUSE PARTICIP, FEES | Schedule A, Part III, Line 2(e) | | |
| BC SALES EARLY LEARNING CENTER CHARIS HOUSE PARTICIP. FEES | Description | Amount | |
| TAX-EXEMPT INTEREST ON SAVIN MISCELLANEOUS INCOME INSURANCE PROCEEDS CLAY SHOOT TOTAL | FEES SAVINGS AND TEMPORARY CASH INVESTMENTS | \$ 339,471 1,090,120 11,796 11,796 15,780 89,250 39,244 \$ 1,585,805 | |
| | | | |
| | | | |
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| | | | |

26-2795365

Federal Statements

Page 3

CLAY SHOOT

Other Direct Fundraising or Gaming Expenses

| Description | <i></i> | Amount | | | |
|-------------------|---------|--------|--|--|--|
| OTHER SUPPLIES | \$ | 7,732 | | | |
| TOTAL | \$ | 7,732 | | | |