



Notice of Funding Availability (NOFA)

for projects aligned with Escambia County's

Opioid Abatement Strategy

NOFA Released
Thursday, June 5, 2025

Applications Due
Friday, September 12, 2025 at 5:00 pm

Applications may be submitted by email to
opioidabatement@myescambia.com

**Applications may be delivered in person or by US
Postal Service to:**

Escambia County Administration Office
221 Palafox Place, 4th Floor, Pensacola, FL 32502
Attention: Elizabeth Kissel

It is the responsibility of the applicant to ensure application(s) arrive 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.
This Document can be made available in alternative accessible formats upon request.

Escambia County Purchasing Department
Notice of Funding Availability (NOFA) for projects aligned with Escambia County's
Opioid Abatement Strategy

Escambia County, Florida is issuing a Notice of Funding Availability (NOFA) to solicit applications for programs that address the strategies outlined in Escambia County's 2025 Opioid Abatement Implementation Plan (Appendix 1).

Florida was the epicenter of the nation's ongoing prescription drug epidemic, particularly the unregulated pain clinics that are cited as significant contributors to the opioid problem. To reduce the opioid abuse, the state adopted legislation regulating pain clinics and instituted a prescription drug-monitoring program. Efforts to reduce the demand for opioids, have shifted local government's focus from punishing drug users to spending millions on treatment and prevention programs.

On May 15, 2018, the Florida Attorney General's Office filed action in state court against some of the nation's largest opioid manufacturers and distributors for their role in the opioid crisis.

On July 8, 2021, the Escambia County Board of County Commissioners voted to enter into the Florida Allocation and Statewide Response Agreement.

In January 2022, County Administration submitted the Florida Allocation and Statewide Response Agreement to the Florida Office of the Attorney General and designated CDAC Behavioral Health, Inc. as the local task force to address the opioid epidemic. County staff also finalized the abatement plan and interlocal agreement with the City of Pensacola to ensure adequate infrastructure was in place to effectively implement core abatement strategies upon the allocation of settlement funds. Funding was awarded to qualifying counties in June of 2022.

Funding Available

The grant term for this application is 1-year.

Applicants must commit to administering the proposed project for the full 1-year term.

Applicants may apply for reoccurring funding each year.

Opioid Abatement Funds Year 2 Remaining Funding	\$1,667,629.89
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This NOFA contains information and required forms for potential applicants to apply and compete for opioid 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 opioidabatement@myescambia.com, should use the subject line "NOFA Questions", and be received no later than **5:00 pm on Friday, August 15, 2025**. Escambia County will compile all questions and answers, and provide responses to applicants no later than **5:00 pm, Friday, September 5, 2025**.

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:	Funding Guidelines
SECTION IV:	Application Evaluation and Selection
SECTION V:	Application Forms
SECTION VI:	Appendix

SECTION I: General Information

Strategic Use and Alignment of Resources

Escambia County is responsible for ensuring that resources are made available to the community to assist those experiencing mental health and substance use disorders. Therefore, Escambia County reserves the right to match funding opportunities available to the applications received to ensure alignment of resources with community needs and appropriate target populations. All applications received will be evaluated for their appropriateness for each funding opportunity that may be available. Escambia County reserves the right to award more than one (1) funding source to a selected application if necessary to maximize a project's effectiveness and overall impact.

Funding Priorities

Submitted applications will be evaluated based, in part, on the extent the project is able to demonstrate achievement of the strategies outlined in Escambia County's 2025 Opioid Abatement Implementation Plan (Appendix 1).

Priority 1: Performance Measures

Escambia County performance measures that selected projects must report on (as applicable) to demonstrate progress toward making significant reductions in the use and abuse of opioids:

1. Reduction in the number of fatal overdoses.
2. Reduction in the number of non-fatal overdose Emergency Department visits.
3. Increase in substance use disorder treatment to reduce opioid overdoses.
4. Increase in access to substance use disorder treatment programs.
5. Increase access to substance use prevention programs.
6. Increase in substance use disorder training, treatment, and prevention in the Criminal Justice Departments.

Proposed projects that clearly describe how the project will improve the performance measures and demonstrate progress toward making significant reductions in the use and abuse of opioids will score higher and receive priority for funding.

Priority 2: Innovation and Evidence Based Programs

Proposed projects that include innovative and effective best practices will receive higher scores and consideration than those projects that are a continuation or capacity expansion of a current program.

Applicants should consider modeling programs after evidence-based initiatives created by the World Health Organization, the Substance Abuse and Mental Health Services Administration, or the State of Florida Department of Children and Families Office of Substance Abuse and Mental Health, such as those initiatives linked below.

World Health Organization-UNODC “Stop Overdose Safely (S-O-S)” initiative.

<https://www.who.int/initiatives/joint-unodc-who-programme-on-drug-dependence-treatment-and-care/S-O-S-initiative>

Substance Abuse & Mental Health Service Administration Evidence Based Practices Resource Center

<https://www.samhsa.gov/resource-search/ebp?rc%5B0%5D=substances%3A20365>

DCF Recovery Oriented System of Care

<https://www.myflfamilies.com/services/samh/providers/recovery-oriented-system-care>

Escambia County is seeking ‘out of the box’ applications. Projects may be proposed that incorporate different component types and include additional partners (with an established, formal agreement for the proposed project) to provide a specific service as part of an overall project application.

Projects that include a mobile or community-based approach will receive **up to 5 bonus points** on their application. Mobile or community-based services reduce barriers of transportation, physical location, or income that may inhibit an individual from accessing services. Mobile or community-based programs must be able to be carried out in a location that is best suited to the individual being provided the service, including, but not limited to: homeless encampments, an individual’s residence, or at other community service providers (i.e. emergency shelters, transitional housing facilities, day centers, etc.).

Priority 3: Strategic Partnerships

Additional points will be awarded to projects that attach written documentation (MOU or letter of support) demonstrating coordination with housing providers, workforce development boards, and healthcare organizations to provide permanent housing services. Points will be awarded for projects that have written documentation to demonstrate:

- Partnership with public and private healthcare organizations to assist program participants with obtaining medical insurance to address healthcare needs.
- Partnership with public and private healthcare organizations to provide physical healthcare to program participants, including access to prescriptions and ongoing primary care.
- Partnership with behavioral health care providers to provide mental health services and substance use disorder treatment to program participants.
- Partnerships with public housing authorities or other public/private housing providers to provide permanent housing to program participants.
- Partnership with local workforce development centers to provide employment opportunities, job training programs, and job readiness assistance to program participants.

Written documentation must clearly outline the scope of services that will be provided, the number of program participants that are anticipated to benefit from the partnership and the dollar value of the proposed commitment.

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

Critical Dates and Timeline

Thursday, June 5, 2025		Escambia County Issued Request for Applications for projects aligned with Escambia County's Opioid Abatement Strategy
Wednesday, July 9, 2025	9:00 AM	<p>Optional Pre-Application Meeting</p> <p>A pre-solicitation meeting will be held on Wednesday, July 9th at 9am via Teams. Attendance is not mandatory.</p> <p>Microsoft Teams meeting</p> <p>Join on your computer, mobile app or room device.</p> <p>Join the meeting now</p> <p>Dial in by phone</p> <p>+1 863-333-5817, 380480857# United States, Lakeland</p> <p>Phone conference ID: 380 480 857#</p>
Friday, August 15, 2025	5:00 PM	Deadline for questions regarding NOFA
Friday, September 5, 2025	5:00 PM	Responses to NOFA Questions
Friday, September 12, 2025	5:00 PM	SUBMISSION DEADLINE – Project Applications
Tuesday, September 30, 2025	10:00 AM	<p>Performance, Evaluation, and Ranking Committee</p> <p>Members will meet to score each project application using the published Scoring Criteria.</p> <p>Microsoft Teams meeting</p> <p>Join on your computer or mobile app.</p> <p>Join the meeting now</p> <p>Dial in by phone</p> <p>+1 863-333-5817,,360287189# United States, Lakeland</p> <p>Phone conference ID: 360 287 189#</p>
Friday, October 10, 2025	5:00 PM	Notice of advancement to the Opioid Abatement Board for review to all project applicants.

Applicant Eligibility

All public (local government) and private non-profit agencies that currently provide services, as well as those that want to expand to provide services, for persons experiencing mental health, substance use, or co-occurring disorders are eligible to apply. **Applicant must include proof of 501(c)3 status with submission.**

Applicant must also meet all the following requirements:

- Serves Escambia 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 2023 or 2024 tax return (Form 990 or 990-EZ with supporting forms). You may submit a 2022 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 Reimbursable Basis and submit required documentation to Escambia County.
- Organization has Quarterly reporting capacity.
- Program includes at least one of the "Priority" Core Strategies in Schedule A and/or one of the "approved uses" in Schedule B.

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

SECTION II: Scope of Grant Activities

Escambia County 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 County of projects it intends or desires to develop to help satisfy an unmet need in the community and collaboratively work to reduce abuse of opioids in Escambia County.

Projects acceptable under this request include:

- **New Project** - a project that does not currently exist and if funded will increase overall service capacity in Escambia County.
- **Expansion of Funding for a Current Project** – a project currently operating in the community that is being expanded. Applicants must clearly identify the need for expanded services and demonstrate a quantifiable increase in the number **and** type of services being provided.

Funding requests that supplant or replace a project's current funding source(s) will not be accepted.

If a project includes multiple, linked activity types (components), only one application that details the different activity types, needs to be completed. The single project application should explain in detail all activity types and the project outcomes for the different activity types.

Eligible Activities

The following activities may be funded through this application:

1. Increased Substance Use Disorder Treatment and Recovery
2. Increased Programs and Strategies to Prevent Drug Use
3. Increased Training, Prevention, and Treatment in Our Criminal Justice System

All projects must meet all Federal and State requirements.

Federal Guidelines for Opioid Treatment Programs:

<https://store.samhsa.gov/product/Federal-Guidelines-for-Opioid-Treatment-Programs/PEP15-FEDGUIDEOTP>

Resources for Opioid Treatment Providers:

<https://www.hhs.gov/opioids/treatment/resources-opioid-treatment-providers/index.html>

Federal Opioid Treatment Standards:

<https://www.law.cornell.edu/cfr/text/42/8.12>

Federal Standards for Medication Assisted Treatment:

<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-8>

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
Opioid Abatement 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. Reimbursement requests may be requested several times throughout the year as various program expenditures take place.

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.

State and 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 State and 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 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 obtain liability and worker's compensation coverage that will be further defined in the funding agreement, if awarded. **Escambia County Board of County Commissioners must be named as the Certificate Holder and the additional insured.**

Handicapped Accessibility – All projects 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, including those who represent BIPOC subpopulations.

Formal Termination Policy – Funded agencies must develop a formal Termination Policy that clearly describes a process by which clients' services may be terminated if program requirements are violated. The process must recognize individual rights and allow termination in only the most severe cases. Termination processes services must include written notice to the program participant, with a clear statement of reasons for termination; review of decision to terminate, with opportunity for the program participant to present written or oral objections to agency; prompt written notice to the project participant of final decision.

Supportive Assistance – Funded agencies must assure that individuals and families are connected to appropriate supportive services including permanent housing, mental health treatment, physical health treatment, counseling, case management, supervision, recovery group and other services essential for achieving maintaining sobriety and stability. Additionally, agencies must assure that clients are assisted in obtaining other Federal, State, local and private assistance, where available. This will include individually assisting clients to identify, apply for and obtain benefits under mainstream health and social services program for which they are eligible such as: TANF, Medicaid, SSI/SSDI, Food Stamps, and various Veterans Programs. *Escambia County encourages a "warm hand-off" model, which ensures transfer of client and referral information directly to the receiving case manager, and prevents missed service connections.*

Confidentiality – Agencies must comply with confidentiality requirements and privacy protections outlined in HIPPA: <https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>

Participation in Homeless Continuum of Care (CoC) and Behavioral Health Collaborative Systems – Any agency awarded funding through this NOFA is **required** to:

- 1) actively participate in the homeless CoC including attendance at the monthly CoC committee meetings
- 2) actively participate in any Behavioral Health collaborative systems that exist in Escambia County

- 3) accept referrals for all funded programs through the Homeless Coordinated Entry System, and any Behavioral Health collaborative systems that exist in Escambia County

Minimum Funding Request

The minimum funding request for any project is **\$50,000**. Escambia County reserves the right to award more or less than the amount of funds requested based on funding available.

SECTION IV: Application Evaluation and Selection

Threshold Requirements

Applications will be reviewed by Escambia County staff to ensure the submission does NOT contain any fatal flaws, as listed below. If Escambia County 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 not a non-profit, local government and/or is listed on the Excluded Parties List, has not provided direct services for 24 months prior to application due date).
- The 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 Performance Evaluation and Ranking Committee for review, scoring and conditional selection. The Committee Members will meet to review and score each project application in accordance with the Ranking and Reallocation Policies.

Committee 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.	
2.	Submitted the Letter of Determination from the IRS confirming your organization's federally tax-exempt status.	
3.	Submitted a copy of your organization's current W-9.	
4.	Submitted a copy of your organization's 2023 or 2024 tax return (Form 990 or 990-EZ with supporting forms). You may submit a 2022 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 Reimbursable Basis and submit required documentation to Escambia County.	
7.	Organization has Quarterly reporting capacity.	

8.	Program includes at least one of the "Priority" Core Strategies in Schedule A and/or one of the "approved uses" in Schedule B.	
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Application Bonus Points

	Category	Total Points Possible	Score
1.	Partners with public or private organizations/agencies that provide similar services.	20	
2.	Other funding match provided.	20	
3.	Program is "Specific and Measurable".	20	
4.	Provides Free Services to Escambia County	20	
5.	Provides a Mobile Unit	20	
	TOTAL BONUS POINTS	100	

Notice of Conditional Selection Decision

Escambia County staff will provide written notice regarding the conditional selection decision to each applicant.

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

Organization Name: Ministry Village at Olive Inc.	Authorized Organization Representative Name/Title: Drayton Smith, Executive Director
Address: 1716 E Olive Road	Telephone: (850)475-1106
City, State/Zip: Pensacola, Florida 32514	Organization Website: www.ministryvillage.org
Contact Person Name/Title: Drayton Smith, Executive Director	Unique Entity ID (SAM #): S4Z7U8NCYB75
Contract Person E-mail: dsmith@ministryvillage.org	Federal Employer ID #: 26-2795365

2. Project Information

Project Name: Charis House Substance Abuse Counselor, Comprehensive Support, Project Reconnect, and Life Bridge Program	
Project Address (if different from organization address):	
This is a/an: <input type="checkbox"/> New Project or <input checked="" type="checkbox"/> Expanded Project	
Total Funding Requested for this Project: \$ <u>295,640</u>	
Number of Persons to be Served: <u>30 per year for the life of the organization</u>	
Project Type (check as many as applicable below):	
Medication Assisted Treatment <input checked="" type="checkbox"/>	Education Program <input checked="" type="checkbox"/>
Prevention <input checked="" type="checkbox"/>	Recovery <input checked="" type="checkbox"/>
Treatment (other than medication assisted) (specify model):	
Overdose Reversal Medication Distribution <input checked="" type="checkbox"/>	Criminal Justice Training, Prevention, and Treatment <input checked="" type="checkbox"/>
Other (please specify):	

Target Population (check as many as applicable below):	
<input checked="" type="checkbox"/> Chronically Homeless <input checked="" type="checkbox"/> Single Individuals <input checked="" type="checkbox"/> Victims of Domestic Violence <input checked="" type="checkbox"/> LGBTQI+ Individuals/Families/Youth <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Families <input checked="" type="checkbox"/> Unaccompanied Youth (ages 18-24) <input checked="" type="checkbox"/> Veterans <input checked="" type="checkbox"/> Individuals with Severe and Persistent Mental Illness
Target Service Location (check as many as applicable below):	
<input checked="" type="checkbox"/> City of Pensacola <input checked="" type="checkbox"/> Town of Century	<input checked="" type="checkbox"/> Unincorporated Escambia County <input checked="" type="checkbox"/> All of Escambia County <input type="checkbox"/> Other: _____
Is this project using a mobile based treatment model? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

3. Certification

To the best of my knowledge, I certify that the information in this application is true and correct and that the document has been duly authorized by the governing body of the applicant. I will comply with the program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanctions. I further certify that I am authorized to submit this application and have followed all policies and procedures of my agency regarding grant application submissions.

Authorized Organization Representative:

Signature:

Typed Name: Drayton Smith

Title: Executive Director

Date: 09/10/2025

4. Project Description

Narrative response must include:

- Sufficient information to understand the scope of the project, the number and type of clients to be served, the services to be provided and the cost of the proposed activities.
- How the project will follow an evidence-based program model or creates an innovative approach to reducing opioid abuse.
- The project's plan to coordinate with housing providers, workforce development boards, and physical and behavioral healthcare organizations to provide housing and supportive services.

Limit response to 2,000 words.

The narrative is required and must be attached 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:

1. Describe how the project aligns with Escambia County's Opioid Abatement Strategic Summary (Appendix 1).
2. Explain how your agency is actively participating in the Homeless Continuum of Care (CoC) and existing Behavioral Health systems in Escambia County, and how this project will integrate with those systems.
3. Describe your procedure for assessing participant's needs and making client referrals to other service providers. Describe how you ensure that participants are connected to the services they request.
4. Describe how the project will provide connections to permanent 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.
5. Explain how your agency engages persons with lived experience (i.e. previously or currently homeless, previously or currently experiencing MH/SUD, etc.) and historically marginalized groups (i.e. black, indigenous, people of color, LGBTQ+ populations, etc.) in the design and evaluation of programs and services. Include the number of persons engaged and their role.
6. Explain your agency's experience providing services to individuals and families who have substance use or co-occurring disorders, including federal, state, and/or local government grant experience and capacity of the organization to administer the project and oversee all compliance requirements.
7. Describe how your agency has worked to remove traditional barriers (i.e. no income, no insurance, no transportation, etc.) to services for individuals and families who have substance use or co-occurring disorders.
8. Describe how your agency evaluates program success.
9. Describe how the agency will continue to provide quality services in the community in the case of reduced or loss of funding.

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 expected for the period of the grant. The budget narrative ***must*** include the following criteria:

- Identify sources of leveraged funds which are currently committed to the organization for this project (***commitment letters MUST be attached***).
- 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.

A copy of the applicant's overall budget, including other services or programs and funding sources, general management and oversight budget, and overhead/indirect rates 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
Complete ONLY BLUE fields. Do not edit grey fields.

Year 1 (Dates will be based on award date)		
Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
Case Management		
Peer Support Staff		
Nursing Staff		
Peer Specialist Certifications		
Mobile Service Delivery Vehicles and Associated Costs (i.e. mileage, maintenance, etc.)		
Computers, Phones, and other equipment for program staff		
Program Related Supplies (i.e. harm reduction materials, PPE, medications)		
Marketing and Educational Materials		
Other Expenses	Salary for fulltime Substance Abuse Counselor and training for current staff	\$250,000
Other Expenses	Project Reconnect- for those traveling to recovery facilities	\$20,000
Other Expenses	Life Bridges Program	\$25,640
Subtotal Requested		\$ -
Admin Requested (MAX 10%) (i.e. accounting costs, contract management costs, facility costs)		
Total Amount Requested		\$ 295,640 -

10. Project Outcomes

Applicants must provide anticipated outcomes for each of the following performance measures.

Performance Measure	Baseline Data (<i>must include source</i>)	Desired Outcome	Describe the project component(s) that will be used, and how the outcome will be achieved and monitored.
1. Reduced number of fatal overdoses.	86%	92%	The in-house counselor will provide regular, individualized therapeutic sessions and relapse prevention training. We will like to see this increase to 92%
2. Reduced number of EMS overdose responses.			The on-site counselor will provide immediate, accessible care and enhance the emotional regulation and coping skills of residents. This immediate access to therapeutic support is a direct intervention that will be monitored by tracking resident incidents and program completion rates.
3. Increase in substance use disorder treatment to reduce opioid overdoses.			The full-time counselor will expand our program's capacity to provide a consistent level of therapeutic care to more women, reducing wait times and increasing our total number of residents served each year. This will be monitored by tracking our intake and program completion data.
4. Increase in access to substance use disorder treatment programs.	All women who are admitted to Charns House receive some form of treatment, but access to daily, consistent counseling is a barrier.	100% of women in the program have consistent, on-site counseling sessions.	By hiring an in-house counselor, we remove barriers such as transportation and cost. This ensures every woman in our program has immediate and consistent access to high-quality therapeutic care, which we will monitor through weekly counseling logs.
5. Increase access to substance use prevention programs.	100% of participants receive life skills and relapse prevention training as part of our core curriculum.	100% of participants receive trauma-informed counseling, which is a key component of prevention	The in-house counselor will provide specialized trauma-informed counseling, which is a key element of effective prevention. This will be integrated into the existing curriculum, and we will monitor attendance and participation through session logs.
6. Increase in substance use disorder training, treatment, and prevention in the Criminal Justice Departments.	N/A	N/A	The in-house counselor will equip residents with advanced skills in emotional regulation and resilience. This will be supported by our existing case management, which connects residents with mainstream services, vocational training, and employment resources, all monitored through post-program follow-up surveys.
9. OTHER: _____			

If awarded, applicants will be required to submit detailed reports include de-identified and de-duplicated demographic, service, health, and outcome data.

Required Attachments

- a) Documentation showing the applicant is located in and provides services Escambia County.
- b) Letter of Determination from the IRS confirming your organization's federally tax-exempt status.
- c) Copy of your organization's current W-9.
- d) Copy of your organization's 2023 or 2024 tax return (Form 990 or 990-EZ with supporting forms). You may submit a 2022 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.

11. Completeness Checklist

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

<u>Application Forms and Attachments</u>	<u>Page #</u>
<u>Project Name:</u>	
<u>Project Applicant:</u>	
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	
a. Documentation of Partnerships – MOUs, Letters of Commitment or Contracts demonstrating location and program services in Escambia County	
b. Applicants Annual Operating Budget	

c. Proof of 501c3 Status	
d. Current W-9	
e. 2022 and 2023 Tax returns	
f. Two most recent years' financial statements (audited, if applicable)	

SECTION VI: Appendix 1 - Opioid FY25-26 Implementation Plan

Notice of Funding Availability (NOFA) for projects aligned with Escambia County's Opioid Abatement Strategy



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at Olive Inc.

SUBJECT: CHARIS HOUSE SUBSTANCE ABUSE COUNSELOR ,COMPREHENSIVE SUPPORT, AND PROJECT RECONNECT

RE: OPIOD ABATEMENT FUNDING

4. PROJECT DESCRIPTION: NARRATIVE RESPONSE

Charis House is a transformative residential recovery program for adult women in Escambia County, designed to address the devastating impact of opioid use disorder. This proposal requests a total of \$295,640 in opioid abatement funding to support three critical initiatives. First, we are seeking \$250,000 for the salary of a full-time, in-house Substance Abuse Counselor, a role essential to delivering intensive therapeutic interventions and comprehensive case management for approximately 30 women annually. Second, we are requesting \$20,000 for Project Reconnect, to provide safe transportation for men and women traveling to and from recovery facilities, helping to build community and reduce the isolation that often accompanies addiction. Lastly we are requesting \$25,640 for costs of the Life Bridges program for our participants.

The funding for the counselor's position will cover their salary, benefits, professional development, and essential program supplies. This investment directly contributes to saving lives, rebuilding families, and strengthening the health and resilience of Escambia County. Charis House serves a highly vulnerable population, many of whom have experienced significant trauma, co-occurring mental health conditions, and systemic barriers like homelessness and unemployment. These women's recovery journeys require a compassionate, holistic approach that addresses not only their addiction but also the root causes and structural challenges they face.

Crucially, a portion of the funding will also be allocated to enhance the professional development and training for our current staff. This investment is vital to ensure our team is equipped with the latest evidence-based practices in addiction recovery, trauma-informed care, and mental health support. Training will include workshops and certifications in areas such as motivational interviewing, grief and loss counseling, and de-escalation techniques. Furthermore, we will acquire updated educational materials and resources, like current treatment manuals and workbooks, to enrich our program offerings and provide our staff with the necessary tools to better serve our residents.

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This comprehensive approach ensures that while we expand our clinical capacity with a new counselor, our existing team is also empowered to deliver the highest quality of care, fostering a more effective and supportive environment for every woman on her path to recovery.

Our recovery model is firmly rooted in a framework of evidence-based practices that have demonstrated consistent success in treating substance abuse use disorder among women. This ensures that clients receive the highest standard of care in a safe, supportive environment. The addition of a full-time, in-house counselor will allow us to deliver a level of intensity and personalization that is rare in residential settings, providing over 1,400 hours of direct counseling services annually.

We are also requesting \$25,740 to implement our Life Bridges program for Charis House participants. This program is designed to help women who've been sexually exploited to build a sustainable future by offering life skills classes and job-readiness opportunities. The road through addiction recovery, sex trafficking recovery, and coming out of incarceration is not an easy one. Our Life Builders training, which for this class will focus on communication and goal-setting, will provide participants with the tools needed to live successfully on their own. This critical investment directly addresses a significant barrier to long-term recovery, ensuring these women can build a stable, self-sufficient life post-program.

Our approach is distinguished by our community-embedded model of care. We focus on building recovery capital—the personal, social, and community resources that support long-term sobriety. This includes teaching practical life skills and cultivating healthy relationships. Perhaps most transformative is our commitment to transition planning through integrated partnerships. From the moment a client enters our program, our counselor will develop a case management plan tailored to the client's recovery, coordinating with local housing providers, workforce development agencies, and healthcare organizations. This proactive strategy reduces the risk of relapse and ensures clients leave Charis House with a stable foundation for a new life. By incorporating clinical care within a broader environment of support, we empower women to not only overcome addiction but to reclaim their lives and contribute meaningfully to their communities.

PAGE BREAK BEFORE NEXT SECTION

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SUBJECT: CHARIS HOUSE SUBSTANCE ABUSE COUNSELOR ,COMPREHENSIVE SUPPORT, AND PROJECT RECONNECT

RE: OPIOD ABATEMENT FUNDING

5.QUALITY OF SERVICE QUESTIONNAIRE

5.1

The Charis House project directly aligns with Escambia County's Opioid 2025-2026 Implementation Plan by significantly enhancing treatment and recovery services for a highly vulnerable population of women. The addition of an in-house substance abuse counselor will expand accessible, high-quality treatment within our structured residential recovery environment, directly addressing the plan's emphasis on increasing substance use disorder treatment options. This counselor will provide evidence-based individual and group counseling, crisis intervention, and personalized treatment planning, while also strengthening access to health care and peer support within our residential setting. Furthermore, by providing consistent therapeutic guidance and connecting residents to vital external resources, including healthcare providers, employment services, and educational opportunities, the in-house counselor will be instrumental in supporting sustained recovery and successful community reintegration, particularly for women transitioning from the criminal justice system. This strategic investment will measurably contribute to the County's comprehensive abatement strategy and reduce opioid-related harms and fatalities.

Project Reconnect directly aligns with Escambia County's strategic summary by removing a critical barrier to care—the lack of transportation—and expanding access to life-changing treatment and recovery services. The county's plan prioritizes increasing access to the full continuum of care, and Project Reconnect fulfills this by providing safe and reliable travel for individuals seeking admission to recovery facilities. This initiative acts as a vital "wrap-around" service, supporting the county's goal to increase access to treatment programs and ultimately reduce fatal and non-fatal overdoses. The project's mobile nature also fits within the strategic emphasis on providing community-based services that meet individuals where they are.

5.2

Charis House, as part of Ministry Village at Olive, is an active and integrated partner in Escambia County's homeless Continuum of Care. We serve a critical role within this system as a residential recovery program that provides a safe and stable environment for women exiting homelessness and seeking long-term recovery. We actively collaborate with existing behavioral health systems, including major community partners like Health & Hope, Lakeview Center, and

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Community Health Northwest Florida, by accepting referrals and ensuring our residents have access to a full spectrum of care. The proposed in-house substance abuse counselor will integrate with these systems by providing a direct link for clients to receive consistent, evidence-based therapy and counseling. This enhancement will strengthen our program's capacity, improve client outcomes, and ensure a more coordinated and effective hand-off of care, ultimately contributing to the county's goal of preventing chronic homelessness and facilitating lasting recovery.

Project Reconnect will integrate with these systems by accepting direct referrals from local shelters and health centers such as Waterfront Mission and Lakeview Center. Our role is to provide the missing transportation link, ensuring that individuals identified by these partners as ready for treatment can be moved from their current location to a recovery facility without delay. By acting as a partner, this project will enhance the efficiency and effectiveness of the entire system of care, reinforcing the network's ability to provide a seamless and immediate pathway to recovery.

5.3

Our procedure for assessing participant needs is a multi-step, holistic process beginning with a comprehensive intake screening to identify immediate needs related to substance use, medical stability, and mental health. Upon admission, our case manager performs a more in-depth assessment to create an individualized recovery plan that addresses her unique goals. This plan outlines internal programming, such as life skills training and counseling, and identifies external needs, such as medical care, legal aid, or vocational training. We maintain strong, collaborative relationships with a network of local providers—including Health & Hope, Lakeview Center, Community Health Northwest Florida, and various legal and educational services—to facilitate referrals. To ensure a successful connection, we actively follow up with both the client and the partner agency, providing transportation assistance, coordinating appointments, and advocating on the client's behalf. This proactive case management approach prevents clients from "falling through the cracks" and guarantees they receive the comprehensive support required to thrive in their long-term recovery.

Project reconnect will provide long distance bus fare to those traveling to recovery facilities. We will ensure they are connected to the services they request by purchasing long distance bus fare to the location of their destination and by helping make sure they have transportation once they arrive.

5.4

Our project is designed with a clear focus on long-term stability and self-sufficiency, ensuring participants are successfully connected to a variety of permanent supportive solutions and mainstream services. Through our case management process, we assist residents in applying for and securing essential benefits, including food assistance through SNAP, and healthcare coverage via

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Medicaid, Medicare, or other insurance programs. Our staff provides direct application assistance and serves as a point of contact to prevent interruptions in benefits. For permanent housing, we leverage our network within the Continuum of Care to help residents identify and apply for transitional and affordable housing options as they progress through our program. Furthermore, we actively connect clients with vocational training programs, educational opportunities, and employment resources to foster financial independence. This integrated approach, which includes support for physical and mental healthcare, social services, and economic stability, ensures that a client's recovery extends beyond our facility and into a sustainable, independent life in the community.

5.5

Charis House believes that meaningful and balanced engagement is critical to providing effective and compassionate care. To that end, we engage women with lived experience of homelessness and substance use disorder in the design and evaluation of our programs through a formal feedback loop and peer leadership roles. Furthermore, three of our House Managers are women who successfully completed the Charis House program, demonstrating our commitment to elevating lived experience to a position of leadership. We also actively seek to ensure our programming is culturally and spiritually sensitive to the diverse needs of all women we serve, including those from historically excluded groups. We do this through ongoing staff training in trauma-informed care and by partnering with other community organizations to ensure we are a safe and welcoming space for all women in need of recovery.

5.6

For over 15 years, Charis House has been providing faith-based, Christ-centered residential recovery services for women with substance use disorders. Our three-phase program is designed to address not only addiction but also co-occurring traumas and mental health issues through a holistic approach that includes counseling, life skills training, and spiritual development. Charis House operates under the umbrella of Ministry Village at Olive, Inc., a registered 501(c)(3) nonprofit organization with a resilient administrative and financial structure. Ministry Village at Olive has a proven track record of successful grant management and has received funding from various foundations to support its ministries. Our Executive Director is responsible for project oversight, fiscal compliance, and reporting, ensuring all grant requirements are met. The organization's established financial controls and internal review procedures provide the capacity needed to effectively administer this project and manage all compliance requirements to ensure the responsible stewardship of public funds.

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5.7

A core principle of the Charis House program is the removal of traditional barriers to treatment, making recovery accessible to all women regardless of their financial or social circumstances. First and foremost, we eliminate the primary financial barrier by operating our entire program without an intake fee or any cost to our residents. This is a crucial differentiator that ensures no woman is turned away due to a lack of income or insurance. Secondly, we address the transportation barrier by providing all residents with transportation to and from appointments, including medical, legal, and behavioral health services, as well as educational and employment opportunities. This removes a significant challenge for women who are often without a personal vehicle. By offering residential care, we also provide a safe and stable living environment, which removes the barrier of homelessness and creates a foundation for healing. Our comprehensive approach is designed to meet women where they are, providing the support they need to overcome these obstacles and focus entirely on their recovery journey.

5.8

Charis House uses a comprehensive approach to evaluate program success, using both quantitative and qualitative measures to ensure a diverse understanding of client outcomes. Our primary success evaluation includes a client's completion of our three-phase program, and their subsequent long-term stability in housing and employment. Qualitatively, we measure success through regular feedback sessions from our graduates, which provides insights into program effectiveness and areas for improvement. We also look at testimonials from graduates to understand the personal impact of our services, using these narratives to celebrate milestones and refine our support systems. This continuous evaluation process ensures our services are impactful, relevant, and directly aligned with our mission to foster lasting recovery and independent living.

Project Reconnect services will be evaluated by looking at how many people we are able to help relocate to recovery facilities.

5.9

The sustainability of our services is a top priority for Charis House and Ministry Village at Olive. In the event of reduced or lost funding, our commitment is to maintain the quality and accessibility of our programs. To consistently sustain our mission's financial needs, we plan to launch targeted marketing campaigns that involve understanding our mission's needs. We host one significant fundraising event annually and are looking to host more annually. We will continuously work to expand our corporate and private donor database.

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**RE: CHARIS HOUSE SUBSTANCE ABUSE COUNSELOR ,COMPREHENSIVE
SUPPORT, AND PROJECT RECONNECT**

RE: OPIOID ABATEMENT FUNDING

6. Ability to Complete Project Outline

The Ministry Village at Olive has a well-defined plan to ensure the successful hiring and integration of a full-time in-house substance abuse counselor and the implementation of our Project Reconnect initiative, both to be completed within the 12-month grant period. This comprehensive project can begin immediately upon funding acceptance.

We will start with a comprehensive hiring and onboarding process, leveraging our established recruitment channels to attract a qualified professional. The grant funds will be used to post the position, conduct interviews, and finalize the hiring of the counselor. Once hired, the counselor will immediately begin providing services, which will include individualized therapeutic sessions and group counseling for all residents.

Simultaneously, we will launch Project Reconnect, an initiative designed to remove transportation as a barrier to recovery. A portion of the grant funds will be allocated to provide long-distance bus fare for residents seeking to enter recovery facilities located outside of our immediate area. This ensures that women and men in our community can access the most suitable and effective treatment programs, regardless of location. The program will be managed by our Project Reconnect Director, who will work with residents to identify appropriate facilities and coordinate travel arrangements.

To ensure the most effective use of funding, the Ministry Village at Olive will diligently work with its Executive Director, Program Director, and the Board to continuously evaluate the project's timeline and budget. Should a significant timeline fluctuation occur, the Board and Executive Director will immediately inform the proper county personnel. Our monthly spending plan is structured to cover the counselor's salary and benefits on a consistent basis, as well as the anticipated costs of Project Reconnect, guaranteeing all funds are obligated and expended before the grant deadline.

We will provide constant statistical data and progress reports to the proper reporting personnel within the county, demonstrating the counselor's impact on our residents' recovery journeys and the successful utilization of Project Reconnect. This project is a crucial investment in providing consistent, high-quality therapeutic care and removing barriers to treatment, which will lead to generations of positive change for women and men in our community.

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SUBJECT: CHARIS HOUSE SUBSTANCE ABUSE COUNSELOR ,COMPREHENSIVE SUPPORT, AND PROJECT RECONNECT

RE: OPIOID ABATEMENT FUNDING

7. BUDGET NARRATIVE

Our project budget is a direct reflection of our commitment to hiring a full-time, in-house substance abuse counselor to provide enhanced, on-site services for women in our residential program, and to help men and women looking to relocate to recovery facilities through Project Reconnect. The grant is requested to cover the full salary and fringe benefits for the counselor, as well as long-distance bus fare costs to recovery facilities associated with Project Reconnect.

No grant funds will be used for other program operation costs. Our existing program expenses for services such as transportation, trauma classes, group counseling, medical expenses, and living costs are fully funded by annual fundraising efforts and other revenue sources. We are committed to maximizing direct services and will cover all administrative costs through non-grant revenue. This ensures the grant is used exclusively for the counselor's salary, benefits, and Project Reconnect's transportation costs.

To ensure proper fund management, we will obligate grant funds on a consistent monthly basis to cover the counselor's salary and benefits, as well as the expenses for Project Reconnect. Our financial department will submit monthly drawdown requests, which guarantees funds are utilized in a predictable and timely manner throughout the 12-month period and are fully expended by the grant deadline. The Ministry Village at Olive will continue to provide additional services—such as residential housing, life skills training, and peer support—with a clear separation of funding from this grant, which will be exclusively dedicated to the in-house substance abuse counselor position and Project Reconnect.

END

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"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. " CH27679

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

DEPARTMENT OF THE TREASURY

Date: OCT 23 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:
No

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)

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		<u>1,094,465</u>
Revenue		
Contributions	<u>1,368,487</u>	
Program service revenue	<u>1,441,387</u>	
Investment income	<u>144</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>39,244</u>	
Direct expenses	<u>22,483</u>	
Net income	<u>16,761</u>	
Other income	<u>105,030</u>	
Total revenue		<u>2,931,809</u>
Expenses		
Program services	<u>2,168,894</u>	
Management and general	<u>170,966</u>	
Fundraising	<u>1,659</u>	
Total expenses		<u>2,341,519</u>
Excess / (deficit)		<u>590,290</u>
Changes		<u>-51,685</u>
Net Asset / Fund Balance at End of Year		<u>1,633,070</u>

Reconciliation of Revenue	
Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	<u>2,931,809</u>

Reconciliation of Expenses	
Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	<u>2,341,519</u>

Balance Sheet		Differences
	Beginning	
Assets	<u>2,613,789</u>	
Liabilities	<u>1,519,324</u>	
Net assets	<u>1,094,465</u>	
	<u>3,028,428</u>	
	<u>1,395,358</u>	
	<u>1,633,070</u>	<u>538,605</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 08/15/23
 Failure to file penalty _____

Form **8453-TE****Tax Exempt Entity Declaration and Signature
for Electronic Filing**

OMB No. 1545-0047

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.

Name of filer

EIN or SSN

MINISTRY VILLAGE AT OLIVE, INC.

26-2795365

Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2,931,809
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration of Officer or Person Subject to Tax

11a ☐ 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.

b ☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

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

and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign

EXECUTIVE DIRECTOR

Here Signature of officer or person subject to tax

Date

Title, if applicable

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature JOSHUA C. DURST	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN P00436839
	Firm's name (or yours if self-employed), address, and ZIP code DURST JORDAN CPA PA 4459-B HIGHWAY 90 MILTON FL 32571	EIN 45-0529207	Phone no. 850-995-5000		

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name	Firm's EIN			Phone no.
	Firm's address				

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

Form **8453-TE** (2022)

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2022
Open to Public
Inspection**A** For the 2022 calendar year, or tax year beginning 04/01/22, and ending 03/31/23**B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Final return/
terminated☐ Amended return☐ Application pending**C** Name of organization

MINISTRY VILLAGE AT OLIVE, INC.

Doing business as

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

1716 E OLIVE ROAD

Room/suite

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

PENSACOLA

FL 32514

D Employer identification number

26-2795365

E Telephone number

850-475-1106

G Gross receipts \$ 2,954,292**F** Name and address of principal officer:DRAYTON SMITH
1716 E OLIVE ROAD
PENSACOLA

FL 32514

H(a) Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.MINISTRYVILLAGE.ORG**H(c)** Group exemption number**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 2008**M** State of legal domicile:**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO INCREASE ACCESS TO PEOPLE DEALING WITH UNDER-SERVED COMMUNITY NEEDS INCLUDING EMOTIONAL, FINANCIAL, MENTAL, PHYSICAL, SPIRITUAL, AND VOCATIONAL.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	74
	6 Total number of volunteers (estimate if necessary)	6	100
	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	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		980,438	1,368,487
	9 Program service revenue (Part VIII, line 2g)	1,197,328	1,441,387
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24	144
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	37,619	121,791
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,215,409	2,931,809
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	48,558	41,948
	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)	1,268,894	1,504,385
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	1,659	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	716,749	795,186
Net Assets or Fund Balances	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,034,201	2,341,519
	19 Revenue less expenses. Subtract line 18 from line 12	181,208	590,290
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		2,613,789	3,028,428
	21 Total liabilities (Part X, line 26)	1,519,324	1,395,358
	22 Net assets or fund balances. Subtract line 21 from line 20	1,094,465	1,633,070

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	DRAYTON SMITH		EXECUTIVE DIRECTOR	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if PTIN self-employed
	JOSHUA C. DURST	JOSHUA C. DURST		P00436839
	Firm's name	Firm's EIN		
	DURST JORDAN CPA PA	45-0529207		
	Firm's address	Phone no.		
	4459-B HIGHWAY 90	850-995-5000		
	MILTON, FL 32571			

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

DAA

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

TO INCREASE ACCESS TO PEOPLE DEALING WITH UNDER-SERVED COMMUNITY NEEDS
INCLUDING EMOTIONAL, FINANCIAL, MENTAL, PHYSICAL, SPIRITUAL, AND
VOCATIONAL.

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

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

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

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

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

4a (Code:) (Expenses \$ 2,168,894 including grants of \$ 41,948) (Revenue \$ 1,441,387)
TO INCREASE ACCESS TO PEOPLE DEALING WITH UNDER-SERVED COMMUNITY NEEDS
INCLUDING EMOTIONAL, FINANCIAL, MENTAL, PHYSICAL, SPIRITUAL, AND
VOCATIONAL.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

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

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

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

4e Total program service expenses 2,168,894

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
28b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	74
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
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	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	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.	17	

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

Section A. Governing Body and Management

	1a	12	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.		12		
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?		2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6 Did the organization have members or stockholders?		6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?		8a	X	
b Each committee with authority to act on behalf of the governing body?		8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		9		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		X
13 Did the organization have a written whistleblower policy?		X
14 Did the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 DRAYTON SMITH 1716 E OLIVE ROAD
 PENSACOLA FL 32514 850-475-1106

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DRAYTON SMITH EXECUTIVE DIRECTOR	40.00 0.00			X				71,776	0	0
(2) PATRICIA CLAY DIRECTOR	0.00 0.00	X						0	0	0
(3) KATHY CLEMENTS DIRECTOR	0.00 0.00	X						0	0	0
(4) CLIFF COLLEY DIRECTOR	0.00 0.00	X						0	0	0
(5) JARED GANN DIRECTOR	0.00 0.00	X						0	0	0
(6) JIM HARRIS DIRECTOR	0.00 0.00	X						0	0	0
(7) KEITH HARROD DIRECTOR	0.00 0.00	X						0	0	0
(8) CLINT HOLMES DIRECTOR	0.00 0.00	X						0	0	0
(9) DR. STEPHEN NEWSOME DIRECTOR	0.00 0.00	X						0	0	0
(10) TONYA PORTMANN DIRECTOR	0.00 0.00	X						0	0	0
(11) JAIME PRINCIPE DIRECTOR	0.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JUSTIN TYNER	0.00									
DIRECTOR	0.00	X						0	0	0
(13) MITCH WHITE	0.00									
DIRECTOR	0.00	X						0	0	0
1b Subtotal								71,776		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								71,776		

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	54,344				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,314,143				
	g Noncash contributions included in lines 1a-1f	1g	\$ 177,460				
	h Total. Add lines 1a-1f			1,368,487			
Program Service Revenue	2a EARLY LEARNING CENTER	Business Code	453310	1,090,120	1,090,120		
	b BC SALES		611600	339,471	339,471		
	c CHARIS HOUSE PARTICIP. FEES		623990	11,796	11,796		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,441,387			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			144	144	
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6a Gross rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental inc. or (loss)							
d Net rental income or (loss)							
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales exps.							
c Gain or (loss)							
d Net gain or (loss)							
8a Gross income from fundraising events (not including \$ 54,344 of contributions reported on line 1c). See Part IV, line 18							
b Less: direct expenses							
c Net income or (loss) from fundraising events				16,761			
9a Gross income from gaming activities. See Part IV, line 19							
b Less: direct expenses							
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
b Less: cost of goods sold							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a INSURANCE PROCEEDS	Business Code	900099	89,250	89,250		
	b MISCELLANEOUS INCOME			15,780	15,780		
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			105,030			
12 Total revenue. See instructions			2,931,809	1,546,561	0	0	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	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)				
7 Other salaries and wages	1,432,609	1,410,187	22,422	
8 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 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	54,008	40,061	13,947	
12 Advertising and promotion	24,010	1,010	22,500	500
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	157,671	148,401	9,270	
17 Travel	13,823	13,073	750	
18 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		
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.)				
a FOOD	144,761	144,087	674	
b SUPPLIES AND PRINTING	56,206	50,974	5,232	
c REPAIRS AND MAINTENANCE	37,382	33,710	3,672	
d VENDOR SALES PROCEEDS	21,187	21,187		
e 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	622	1	623
	2 Savings and temporary cash investments	247,209	2	797,997
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	16,638	4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	5,500	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,162,671		
	b Less: accumulated depreciation	10b 932,863	2,343,820	10c 2,229,808
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,613,789	16	3,028,428	
Liabilities	17 Accounts payable and accrued expenses	57,599	17	
	18 Grants payable		18	
	19 Deferred revenue	6,709	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,455,016	23	1,395,358
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,519,324	26	1,395,358
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		1,046,639	27	1,388,900
28 Net assets with donor restrictions		47,826	28	244,170
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		1,094,465	32	1,633,070
33 Total liabilities and net assets/fund balances		2,613,789	33	3,028,428

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,931,809
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,341,519
3	Revenue less expenses. Subtract line 2 from line 1	3	590,290
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,094,465
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	-93,855
7	Investment expenses	7	
8	Prior period adjustments	8	42,170
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 32, column (B))	10	1,633,070

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒1 Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☒ Other MODIFIED CASH

If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

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

Yes No

2a X

2b X

2c

3a

3b

Form 990 (2022)

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

2022Open to Public
Inspection

Name of the organization

MINISTRY VILLAGE AT OLIVE, INC.

Employer identification number

26-2795365

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

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

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

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

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

Schedule A (Form 990) 2022

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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 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						

Section B. Total Support

Calendar 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. (see instructions)	12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here		<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% 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 qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support 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 qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances 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, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						10,465,385

Section B. Total Support

Calendar 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						
c 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's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	99.99%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	99.99%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

- 19a** **33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒
- b** **33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- 20** **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box 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

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

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- 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**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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?
- 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).
- 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.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		3
4	Amounts paid to acquire exempt-use assets		4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)		5
6	Other distributions (describe in Part VI). See instructions.		6
7	Total annual distributions. Add lines 1 through 6.		7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		8
9	Distributable amount for 2022 from Section C, line 6		9
10	Line 8 amount divided by line 9 amount		10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-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			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g 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: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c 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, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e 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, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Area for supplemental information with horizontal lines.

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

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

MINISTRY VILLAGE AT OLIVE, INC.

26-2795365

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Form 990-PF

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

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

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

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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 744,117	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 284,283	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 14,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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		\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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

2022Open 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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

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

☐ 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	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange program

e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

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

Part V Endowment Funds.

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

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

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

a Board designated or quasi-endowment %

b Permanent endowment %

c Term endowment %

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

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

(i) Unrelated organizations

(ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		259,100		259,100
b Buildings		2,507,907		2,507,907
c Leasehold improvements		1,850		1,850
d Equipment		393,814		393,814
e Other			932,863	-932,863
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,229,808

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a:			1	
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

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

**SCHEDULE G
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

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

2022Open to Public
Inspection

Employer identification number

26-2795365

MINISTRY VILLAGE AT OLIVE, INC.

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.**a** ☐ Mail solicitations**e** ☐ Solicitation of non-government grants**b** ☐ Internet and email solicitations**f** ☐ Solicitation of government grants**c** ☐ Phone solicitations**g** ☐ Special fundraising events**d** ☐ In-person solicitations**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CLAY SHOOT (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	93,588			93,588
	2 Less: Contributions	54,344			54,344
	3 Gross income (line 1 minus line 2)	39,244			39,244
Direct Expenses	4 Cash prizes	1,400			1,400
	5 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
	10 Direct expense summary. Add lines 4 through 9 in column (d)				22,483
	11 Net income summary. Subtract line 10 from line 3, column (d)				16,761

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain:

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

☐ Yes ☐ No

b If "Yes," explain:

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
- c** If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

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

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
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.

OMB No. 1545-0047

2022**Open to Public
Inspection**

Name of the organization

MINISTRY VILLAGE AT OLIVE, INC.

Employer identification number

26-2795365

Part I General Information on Grants and 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? Yes ☐ No ☒
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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.

1	(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)								
(6)								
(7)								
(8)								
(9)								

2 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

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

Schedule I (Form 990) (2022)

DAA

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.

(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)	(f) Description of noncash assistance
1 HOUSING & UTILITY		41,948		FMV	
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.					

**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. 1545-0047

2022**Open To Public
Inspection**

MINISTRY VILLAGE AT OLIVE, INC.

Employer identification number

26-2795365

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art— Works of art				
2 Art— Historical treasures				
3 Art— Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities— Publicly traded				
10 Securities— Closely held stock				
11 Securities— Partnership, LLC, or trust interests				
12 Securities— Miscellaneous				
13 Qualified conservation contribution— Historic structures				
14 Qualified conservation contribution— Other				
15 Real estate— Residential				
16 Real estate— Commercial				
17 Real estate— Other				
18 Collectibles				
19 Food inventory	X	3500	82,619	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (OFFICE SPACE)	X	1	73,944	FMV
26 Other (ACCOUNTING)	X	1	19,911	FMV
27 Other (SUPPLIES)	X	4	986	FMV
28 Other ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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?

	Yes	No
30a		X

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

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

31	X	
----	---	--

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.

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

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

Schedule M (Form 990) 2022

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

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete 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

2022**Open to Public
Inspection**

Employer identification number

26-2795365

MINISTRY VILLAGE AT OLIVE, INC.

FORM 990, PART VI - ADDITIONAL INFORMATION

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE EXECUTIVE DIRECTOR REVIEWS THE FORM 990 WITH THE BOARD BEFORE IT IS
FILED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
MADE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 1 - CHANGE IN ACCOUNTING METHOD EXPLANATION
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.

Form 990	Two Year Comparison Report	2021 & 2022
For calendar year 2022, or tax year beginning 04/01/22, ending 03/31/23		

Name

Taxpayer Identification Number

MINISTRY VILLAGE AT OLIVE, INC.

26-2795365

		2021	2022	Differences
Revenue	1. Contributions, gifts, grants	980,438	1,368,487	388,049
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	1,197,328	1,441,387	244,059
	5. Investment income	24	144	120
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	28,664	16,761	-11,903
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	8,955	105,030	96,075
	12. Total revenue. Add lines 1 through 11	2,215,409	2,931,809	716,400
Expenses	13. Grants and similar amounts paid	48,558	41,948	-6,610
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	45,717	71,776	26,059
	16. Salaries, other compensation, and employee benefits	1,223,177	1,432,609	209,432
	17. Professional fundraising fees			
	18. Other professional fees	36,247	54,008	17,761
	19. Occupancy, rent, utilities, and maintenance	151,878	157,671	5,793
	20. Depreciation and Depletion	139,351	146,482	7,131
	21. Other expenses	389,273	437,025	47,752
	22. Total expenses. Add lines 13 through 21	2,034,201	2,341,519	307,318
	23. Excess or (Deficit). Subtract line 22 from line 12	181,208	590,290	409,082
	24. Total exempt revenue	2,215,409	2,931,809	716,400
Other Information	25. Total unrelated revenue			
	26. Total excludable revenue	1,206,307	1,546,561	340,254
	27. Total assets	2,613,789	3,028,428	414,639
	28. Total liabilities	1,519,324	1,395,358	-123,966
	29. Retained earnings	1,094,465	1,633,070	538,605
	30. Number of voting members of governing body	15	12	
	31. Number of independent voting members of governing body	15	12	
	32. Number of employees	73	74	
	33. Number of volunteers	100	100	

Form 990	Tax Return History		2022
Name 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		202	41	24	144	
Fundraising revenue (income/loss)		56,204	36,828	28,664	16,761	
Gaming revenue (income/loss)						
Other revenue		7,428	8,501	8,955	105,030	
Total revenue		1,931,127	1,938,749	2,215,409	2,931,809	
Grants and similar amounts paid		98,338	85,634	48,558	41,948	
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		2,205,726	2,210,188	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						
Total excludable revenue		1,011,833	960,965	1,206,307	1,546,561	
Total Assets		2,622,117	2,521,629	2,613,789	3,028,428	
Total Liabilities		1,699,443	1,952,138	1,519,324	1,395,358	
Net Fund Balances		922,674	569,491	1,094,465	1,633,070	

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
BANK CHARGES AND MERCHANT FEE	\$ 29,675	\$ 28,728	\$ 947	\$
PROFESSIONAL AND LEGAL FEES	24,333	11,333	13,000	
TOTAL	\$ 54,008	\$ 40,061	\$ 13,947	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
MISCELLANEOUS	\$ 15,738	\$ 10,013	\$ 5,725	
TECHNOLOGY	10,524	3,733	6,791	
CONTRIBUTIONS TO OTHERS	1,981	1,981		
BANK CHARGES AND MERCHANT	707			707
MISC	400			400
TRAVEL	52			52
TOTAL	\$ 29,402	\$ 15,727	\$ 12,516	\$ 1,159

Schedule A, Part III, Line 1(e)

Description	Amount
IN-KIND FOOD PANTRY	\$ 82,619
IN-KIND RENT	73,944
IN-KIND ACCOUNTING	19,911
CONTRIBUTIONS	850,900
GRANTS	285,783
IN-KIND SUPPLIES	986
CLAY SHOOT	
CASH CONTRIBUTION	
TOTAL	\$ 54,344
	\$ 1,368,487

Schedule A, Part III, Line 2(e)

Description	Amount
BC SALES	\$ 339,471
EARLY LEARNING CENTER	1,090,120
CHARIS HOUSE PARTICIP. FEES	11,796
TAX-EXEMPT INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	144
MISCELLANEOUS INCOME	15,780
INSURANCE PROCEEDS	89,250
CLAY SHOOT	39,244
TOTAL	<u>\$ 1,585,805</u>

CLAY SHOOT**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
OTHER	\$
SUPPLIES	<u>7,732</u>
TOTAL	<u>\$ 7,732</u>

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.

A handwritten signature in black ink that reads "Durst Jordan CPA, PA". The signature is written in a cursive, flowing style.

Durst Jordan, CPA, PA
Pace, Florida
October 3, 2023

Ministry Village at Olive, Inc.
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	<u>2,229,808</u>
Total Assets	<u><u>\$ 3,028,428</u></u>

LIABILITIES AND NET ASSETS

Current Liabilities	
Current portion long-term debt	\$ 60,040
Long-Term Liabilities	
Long-term debt, less current portion	<u>1,335,318</u>
Total Liabilities	1,395,358
Net Assets	
Without donor restrictions	1,388,900
With donor restrictions	<u>244,170</u>
Total Net Assets	<u><u>1,633,070</u></u>
Total Liabilities and Net Assets	<u><u>\$ 3,028,428</u></u>

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

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

	Without Donor Restrictions	With Donor Restrictions	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	-	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	<u>2,735,465</u>	<u>196,344</u>	<u>2,931,809</u>
Expenses			
Program services:			
Charis House	339,195	-	339,195
Tender Hearts Caring Hands	282,752	-	282,752
Social enterprises	1,499,455	-	1,499,455
Other programs	47,492	-	47,492
Total program services	<u>2,168,894</u>	<u>-</u>	<u>2,168,894</u>
Supporting services:			
General and administrative	264,821	-	264,821
Fundraising	1,659	-	1,659
Total supporting services	<u>266,480</u>	<u>-</u>	<u>266,480</u>
Total expenses	<u>2,435,374</u>	<u>-</u>	<u>2,435,374</u>
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	<u>\$ 1,388,900</u>	<u>\$ 244,170</u>	<u>\$ 1,633,070</u>

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

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

	Charis House	Tender Hearts Caring Hands	Social Enterprises	Other Programs	Total Program Services	General and Administrative	Fundraising	Total Supporting Services	Total
Advertising	\$ -	\$ 80	930	-	1,010	22,500	500	23,000	24,010
Bank charges and merchant fees	21	54	28,653	-	28,728	947	707	1,654	30,382
Contributions to others	-	1,981	-	-	1,981	-	-	-	1,981
Depreciation and amortization	25,409	1,141	86,566	-	113,116	33,366	-	33,366	146,482
Food	13,191	130,399	-	497	144,087	674	-	674	144,761
In-kind facilities	-	-	-	-	-	73,944	-	73,944	73,944
In-kind services	-	-	-	-	-	19,911	-	19,911	19,911
Insurance	17,777	1,149	21,002	259	40,187	14,318	-	14,318	54,505
Interest expense	-	-	55,749	-	55,749	-	-	-	55,749
Miscellaneous	1,841	296	7,745	131	10,013	5,725	400	6,125	16,138
Occupancy and rentals	-	-	66,450	-	66,450	-	-	-	66,450
Professional and legal fees	11,258	-	75	-	11,333	13,000	-	13,000	24,333
Repairs and maintenance	13,437	1,095	19,178	-	33,710	3,672	-	3,672	37,382
Salaries and benefits	211,404	90,710	1,105,152	42,398	1,449,664	54,721	-	54,721	1,504,385
Supplies and printing	10,409	4,014	34,648	1,903	50,974	5,232	-	5,232	56,206
Specific assistance to individuals	249	41,699	-	-	41,948	-	-	-	41,948
Technology	60	459	3,214	-	3,733	6,791	-	6,791	10,524
Travel	4,550	2,954	4,848	721	13,073	750	52	802	13,875
Utilities	29,589	6,721	44,058	1,583	81,951	9,270	-	9,270	91,221
Vendor sales proceeds	-	-	21,187	-	21,187	-	-	-	21,187
Total	\$ 339,195	\$ 282,752	\$ 1,499,455	\$ 47,492	\$ 2,168,894	\$ 264,821	\$ 1,659	\$ 266,480	\$ 2,435,374

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

Ministry Village at Olive, Inc.
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	<u>642,917</u>
Cash Flows From Investing Activities	
Purchase of property and equipment	<u>(32,470)</u>
Net cash from investing activities	(32,470)
Cash Flows From Financing Activities	
Principal payments on debt	<u>(59,658)</u>
Net cash from financing activities	<u>(59,658)</u>
Net Change in Cash	550,789
Cash - Beginning of Year	<u>247,831</u>
Cash - End of Year	<u><u>\$ 798,620</u></u>
Supplemental Disclosures:	
Interest paid	\$ 55,749

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

Ministry Village at Olive, Inc.
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:

Net assets without donor restrictions – 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.

Ministry Village at Olive, Inc.
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. In-kind Contributions

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

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.

Ministry Village at Olive, Inc.
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.

Ministry Village at Olive, Inc.
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
	<u>3,162,671</u>
Less accumulated depreciation and amortization	(932,863)
	<u><u>\$ 2,229,808</u></u>

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	<u><u>\$ 1,335,318</u></u>

Annual maturities of the note payable are as follows:

For the year ended March 31,	
2024	\$ 60,040
2025	62,575
2026	65,062
2027	67,647
2028	70,215
Thereafter	1,069,819
Total	<u><u>\$ 1,395,358</u></u>

Ministry Village at Olive, Inc.
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:

Early Learning Coalition Grant	\$	214,260
Keep the Lights On		29,910
	\$	<u>244,170</u>

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	<u>\$ 177,460</u>		

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.

Ministry Village at Olive, Inc.
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:	
Donor imposed time or purpose restrictions	<u>(244,170)</u>
Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 554,450</u>

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.

Ministry Village at Olive, Inc.
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.

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Ministry Village at Olive	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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 unless 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. <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 1716 E Olive Rd	Requester's name and address (optional)
6 City, state, and ZIP code Pensacola, FL 32514	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-				-		
or									
Employer identification number									
2	6		-	2	7	9	5	3	6

Part II Certification

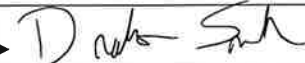
Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►



Date ► 8-5-2025

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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-DIV (dividends, including those from stocks or mutual funds)
- 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.

Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning 04/01/23 , and ending 03/31/24

26-2795365

MINISTRY VILLAGE AT OLIVE, INC.

Net Asset / Fund Balance at Beginning of Year

1,633,070

Revenue

Contributions	<u>2,138,137</u>	
Program service revenue	<u>1,378,240</u>	
Investment income	<u>12,801</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>45,462</u>	
Direct expenses	<u>22,086</u>	
Net income	<u>23,376</u>	
Other income	<u>18,985</u>	

Total revenue

3,571,539

Expenses

Program services	<u>2,154,567</u>	
Management and general	<u>320,585</u>	
Fundraising	<u>1,807</u>	

Total expenses

2,476,959

Excess / (deficit)

1,094,580

Changes

98,425

Net Asset / Fund Balance at End of Year

2,826,075

Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	<u><u>3,571,539</u></u>

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	<u><u>2,476,959</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>3,028,428</u>	<u>2,826,075</u>	
Liabilities	<u>1,395,358</u>		
Net assets	<u><u>1,633,070</u></u>	<u><u>2,826,075</u></u>	<u><u>1,193,005</u></u>

Miscellaneous Information

Amended return _____

Return / extended due date 02/18/25

Failure to file penalty _____

Form	8453-TE	Tax Exempt Entity Declaration and Signature for E-file	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		For calendar year 2023, or tax year beginning <u>04/01/23</u> , and ending <u>03/31/24</u> 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.	2023
Name of filer		EIN or SSN	
MINISTRY VILLAGE AT OLIVE, INC.		26-2795365	

Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CF and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>3,571,539</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CF check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CF, Part III, line 22)	10b _____

Part II Declaration of Officer or Person Subject to Tax

11a ☐ 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.

b ☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

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

and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign
Here Signature of officer or person subject to tax

Date

EXECUTIVE DIRECTOR

Title, if applicable

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature <u>JOSHUA C. DURST</u>	Date _____	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <u>P00436839</u>
	Firm's name (or yours if self-employed), address, and ZIP code <u>DURST JORDAN CPA PA</u> <u>4459-B HIGHWAY 90 MILTON FL 32571</u>	EIN <u>45-0529207</u>	Phone no. <u>850-995-5000</u>		

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name _____	Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	PTIN _____
	Firm's name _____				Firm's EIN _____
	Firm's address _____				Phone no. _____

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

 Form **8453-TE** (2023)

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023
Open to Public
Inspection

A For the 2023 calendar year, or tax year beginning 04/01/23, and ending 03/31/24

B Check if applicable:

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

C Name of organization

MINISTRY VILLAGE AT OLIVE, INC.

Doing business as

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

1716 E OLIVE ROAD

Room/suite

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

PENSACOLA

FL 32514

F Name and address of principal officer:

DRAYTON SMITH

1716 E OLIVE ROAD

PENSACOLA

FL 32514

D Employer identification number

26-2795365

E Telephone number

850-475-1106

G Gross receipts \$ 3,593,625

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

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

J Website: WWW.MINISTRYVILLAGE.ORG

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2008

M State of legal domicile:

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO INCREASE ACCESS TO PEOPLE DEALING WITH UNDER-SERVED COMMUNITY NEEDS INCLUDING EMOTIONAL, FINANCIAL, MENTAL, PHYSICAL, SPIRITUAL, AND VOCATIONAL.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	75
	6 Total number of volunteers (estimate if necessary)	6	100
	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	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,368,487	2,138,137
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,441,387	1,378,240
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	144	12,801
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	121,791	42,361
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,931,809	3,571,539
	14 Benefits paid to or for members (Part IX, column (A), line 4)	41,948	53,267
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,504,385	1,557,859
	b Total fundraising expenses (Part IX, column (D), line 25)		0
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	795,186	865,833
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,341,519	2,476,959
	19 Revenue less expenses. Subtract line 18 from line 12	590,290	1,094,580
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	3,028,428	2,826,075
22 Net assets or fund balances. Subtract line 21 from line 20	1,395,358	0	
		1,633,070	2,826,075

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	DRAYTON SMITH		EXECUTIVE DIRECTOR	
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	JOSHUA C. DURST		JOSHUA C. DURST	
	Firm's name		Firm's EIN	
	4459-B HIGHWAY 90		45-0529207	
Firm's address		Phone no.		
MILTON, FL 32571		850-995-5000		

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2023)

DAA

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

TO INCREASE ACCESS TO PEOPLE DEALING WITH UNDER-SERVED COMMUNITY NEEDS INCLUDING EMOTIONAL, FINANCIAL, MENTAL, PHYSICAL, SPIRITUAL, AND VOCATIONAL.

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 2,154,567 including grants of\$ 53,267) (Revenue \$ 1,378,240)

TO INCREASE ACCESS TO PEOPLE DEALING WITH UNDER-SERVED COMMUNITY NEEDS INCLUDING EMOTIONAL, FINANCIAL, MENTAL, PHYSICAL, SPIRITUAL, AND VOCATIONAL.

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

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

4e Total program service expenses 2,154,567

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 X	
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 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.		
a 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 of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? 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 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	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 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 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 Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	75
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
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	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	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.	17	

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

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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.	11													
b Enter the number of voting members included on line 1a, above, who are independent		11												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?														X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?														X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?														X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders?														X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?														X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?														X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										X				
b Each committee with authority to act on behalf of the governing body?										X				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O														X

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

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?															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?															
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			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					X										
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?															X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done															X
13 Did the organization have a written whistleblower policy?															X
14 Did the organization have a written document retention and destruction policy?															X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?															
a The organization's CEO, Executive Director, or top management official															X
b Other officers or key employees of the organization															X
If "Yes" to line 15a or 15b, describe the process 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?															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?															

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 DRAYTON SMITH 1716 E OLIVE ROAD
 PENSACOLA FL 32514 850-475-1106

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DRAYTON SMITH EXECUTIVE DIRECTOR	40.00 0.00			X				73,303	0	0
(2) BRYCE BURCH DIRECTOR	0.00 0.00	X						0	0	0
(3) HARLAND CASON DIRECTOR	0.00 0.00	X						0	0	0
(4) CLIFF COLLEY DIRECTOR	0.00 0.00	X						0	0	0
(5) SHERRI GRIFFING DIRECTOR	0.00 0.00	X						0	0	0
(6) JIM HARRIS DIRECTOR	0.00 0.00	X						0	0	0
(7) KEITH HARROD DIRECTOR	0.00 0.00	X						0	0	0
(8) TERRELL KELLY DIRECTOR	0.00 0.00	X						0	0	0
(9) RENEE MILLER DIRECTOR	0.00 0.00	X						0	0	0
(10) MORGAN ROBINSON DIRECTOR	0.00 0.00	X						0	0	0
(11) JUSTIN TYNER DIRECTOR	0.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) MITCH WHITE										
(12) DIRECTOR	0.00 0.00	X						0	0	0
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal								73,303		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								73,303		

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	63,142				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,074,995				
	g Noncash contributions included in lines 1a-1f	1g	\$ 49,362				
	h Total. Add lines 1a-1f			2,138,137			
	2a EARLY LEARNING CENTER	Business Code	453310	1,090,336	1,090,336		
b BC SALES		611600	286,692	286,692			
c CHARIS HOUSE PARTICIP. FEES		623990	1,212	1,212			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			1,378,240				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			12,801	12,801		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental inc. or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales exps.						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 63,142 of contributions reported on line 1c). See Part IV, line 18			45,462			
	b Less: direct expenses			22,086			
	c Net income or (loss) from fundraising events			23,376			
	9a Gross income from gaming activities. See Part IV, line 19						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances							
b Less: cost of goods sold							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a MISCELLANEOUS INCOME	Business Code	900099	18,985	18,985		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			18,985			
	12 Total revenue. See instructions			3,571,539	1,410,026	0	0

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	53,267	53,267		
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	73,303	40,317	32,986	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,484,556	1,437,738	46,818	
8 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.)	103,394	39,582	62,894	918
12 Advertising and promotion	4,751	2,835	1,466	450
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	220,127	137,941	82,186	
17 Travel	13,656	12,700	932	24
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	31,681	31,681		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	138,229	103,850	34,379	
23 Insurance	64,433	47,407	17,026	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD	124,070	122,528	1,542	
b SUPPLIES AND PRINTING	75,350	70,279	4,983	88
c REPAIRS AND MAINTENANCE	44,747	24,653	20,094	
d MISCELLANEOUS	19,262	11,331	7,931	
e All other expenses	26,133	18,458	7,348	327
25 Total functional expenses. Add lines 1 through 24e	2,476,959	2,154,567	320,585	1,807
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	623	1	609
	2 Savings and temporary cash investments	797,997	2	699,217
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,197,340		
	b Less: accumulated depreciation	10b 1,071,091	2,229,808	10c 2,126,249
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,028,428	16	2,826,075	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,395,358	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,395,358	26	0
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,388,900	27	2,823,923
	28 Net assets with donor restrictions	244,170	28	2,152
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,633,070	32	2,826,075
	33 Total liabilities and net assets/fund balances	3,028,428	33	2,826,075

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,571,539
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,476,959
3	Revenue less expenses. Subtract line 2 from line 1	3	1,094,580
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,633,070
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	98,425
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,826,075

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <u>MODIFIED CASH</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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2023)

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

2023Open to Public
Inspection

Name of the organization

MINISTRY VILLAGE AT OLIVE, INC.

Employer identification number

26-2795365

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

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

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

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

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

Schedule A (Form 990) 2023

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 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						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	863,090	940,956	980,438	1,368,487	2,138,137	6,291,108
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	1,088,724	1,004,915	1,249,690	1,585,805	1,455,488	6,384,622
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	1,951,814	1,945,871	2,230,128	2,954,292	3,593,625	12,675,730
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						12,675,730

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	1,951,814	1,945,871	2,230,128	2,954,292	3,593,625	12,675,730
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	202	41	24	144	12,801	13,212
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	202	41	24	144	12,801	13,212
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.)	1,952,016	1,945,912	2,230,152	2,954,436	3,606,426	12,688,942
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	99.90 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	99.99 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests — 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☒
- b 33 1/3% support tests — 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV Supporting Organizations

(Complete only if you checked a box 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

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

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- 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**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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?
- 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).
- 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.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

	Yes	No
2a		
2b		
3a		
3b		

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Part VI

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

Area for supplemental information with horizontal dotted lines.

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

MINISTRY VILLAGE AT OLIVE, INC.

26-2795365

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Form 990-PF

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

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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.

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

MINISTRY VILLAGE AT OLIVE, INC.

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
1		\$ 1,673,670	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 197,228	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 9,426	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

MINISTRY VILLAGE AT OLIVE, INC.

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		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 6,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 13,676	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

MINISTRY VILLAGE AT OLIVE, INC.

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
13		\$ 10,350	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

26-2795365

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

[illegible]

**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

2023Open 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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$

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

a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

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

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

- ☐ **a** Public exhibition
☐ **b** Scholarly research
☐ **c** Preservation for future generations
☐ **d** Loan or exchange program
☐ **e** Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

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

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

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

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

Part V Endowment Funds

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

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

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

- a** Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %
 The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** Unrelated organizations? ☐ Yes ☐ No
(ii) Related organizations? ☐ Yes ☐ No

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		259,100		259,100
b Buildings		2,516,062		2,516,062
c Leasehold improvements		1,850		1,850
d Equipment		420,328		420,328
e Other			1,071,091	-1,071,091
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,126,249

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

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

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

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
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Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

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

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

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

Part XIII Supplemental Information

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

**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

2023Open to Public
Inspection

Name of the organization

MINISTRY VILLAGE AT OLIVE, INC.

Employer identification number

26-2795365

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Schedule G (Form 990) 2023 **MINISTRY VILLAGE AT OLIVE, INC.** 26-2795365 Page **2**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CLAY SHOOT (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	108,604			108,604
	2 Less: Contributions	63,142			63,142
	3 Gross income (line 1 minus line 2)	45,462			45,462
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	2,584			2,584
	6 Rent/facility costs	11,137			11,137
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	8,365			8,365
	10 Direct expense summary. Add lines 4 through 9 in column (d)				22,086
	11 Net income summary. Subtract line 10 from line 3, column (d)				23,376

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

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

b If "Yes," explain:

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
- c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
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.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

26-2795365

Part I General Information on Grants and 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? ☐ Yes ☒ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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.

1	(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)								
(6)								
(7)								
(8)								
(9)								

2 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

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

Schedule I (Form 990) 2023

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.

(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)	(f) Description of noncash assistance
1 HOUSING & UTILITY		53,267		FMV	
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.					

**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. 1545-0047

2023**Open To Public
Inspection**

Employer identification number

MINISTRY VILLAGE AT OLIVE, INC.

26-2795365

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	6,000	
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	1	43,362	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (.....)				
26 Other (.....)				
27 Other (.....)				
28 Other (.....)				

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

29

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?

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

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

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

b If "Yes," describe in Part II.

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

Yes No

30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2023

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

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete 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

2023**Open to Public
Inspection**

Employer identification number

26-2795365

MINISTRY VILLAGE AT OLIVE, INC.

FORM 990, PART VI - ADDITIONAL INFORMATION

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE EXECUTIVE DIRECTOR REVIEWS THE FORM 990 WITH THE BOARD BEFORE IT IS
FILED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
MADE AVAILABLE UPON REQUEST.

Form 990	Two Year Comparison Report	2022 & 2023
For calendar year 2023, or tax year beginning 04/01/23, ending 03/31/24		

Name

Taxpayer Identification Number

MINISTRY VILLAGE AT OLIVE, INC.

26-2795365

		2022	2023	Differences
Revenue	1. Contributions, gifts, grants	1. 1,368,487	2,138,137	769,650
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4. 1,441,387	1,378,240	-63,147
	5. Investment income	5. 144	12,801	12,657
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8. 16,761	23,376	6,615
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 105,030	18,985	-86,045
	12. Total revenue. Add lines 1 through 11	12. 2,931,809	3,571,539	639,730
Expenses	13. Grants and similar amounts paid	13. 41,948	53,267	11,319
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 71,776	73,303	1,527
	16. Salaries, other compensation, and employee benefits	16. 1,432,609	1,484,556	51,947
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 54,008	103,394	49,386
	19. Occupancy, rent, utilities, and maintenance	19. 157,671	220,127	62,456
	20. Depreciation and Depletion	20. 146,482	138,229	-8,253
	21. Other expenses	21. 437,025	404,083	-32,942
	22. Total expenses. Add lines 13 through 21	22. 2,341,519	2,476,959	135,440
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 590,290	1,094,580	504,290
	24. Total exempt revenue	24. 2,931,809	3,571,539	639,730
Other Information	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 1,546,561	1,410,026	-136,535
	27. Total assets	27. 3,028,428	2,826,075	-202,353
	28. Total liabilities	28. 1,395,358		-1,395,358
	29. Retained earnings	29. 1,633,070	2,826,075	1,193,005
	30. Number of voting members of governing body	30. 12	11	
	31. Number of independent voting members of governing body	31. 12	11	
	32. Number of employees	32. 74	75	
	33. Number of volunteers	33. 100	100	

Form 990	Tax Return History	2023
Name MINISTRY VILLAGE AT OLIVE, INC.		Employer Identification Number 26-2795365

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	863,090	940,956	980,438	1,368,487	2,138,137	
Membership dues						
Program service revenue	1,004,203	952,423	1,197,328	1,441,387	1,378,240	
Capital gain or loss						
Investment income	202	41	24	144	12,801	
Fundraising revenue (income/loss)	56,204	36,828	28,664	16,761	23,376	
Gaming revenue (income/loss)						
Other revenue	7,428	8,501	8,955	105,030	18,985	
Total revenue	1,931,127	1,938,749	2,215,409	2,931,809	3,571,539	
Grants and similar amounts paid	98,338	85,634	48,558	41,948	53,267	
Benefits paid to or for members						
Compensation of officers, etc.		59,019	45,717	71,776	73,303	
Other compensation	1,186,838	1,165,085	1,223,177	1,432,609	1,484,556	
Professional fees	88,883	42,847	36,247	54,008	103,394	
Occupancy costs	180,765	157,021	151,878	157,671	220,127	
Depreciation and depletion	150,475	132,389	139,351	146,482	138,229	
Other expenses	500,427	568,193	389,273	437,025	404,083	
Total expenses	2,205,726	2,210,188	2,034,201	2,341,519	2,476,959	
Excess or (Deficit)	-274,599	-271,439	181,208	590,290	1,094,580	
Total exempt revenue	1,931,127	1,938,749	2,215,409	2,931,809	3,571,539	
Total unrelated revenue						
Total excludable revenue	1,011,833	960,965	1,206,307	1,546,561	1,410,026	
Total Assets	2,622,117	2,521,629	2,613,789	3,028,428	2,826,075	
Total Liabilities	1,699,443	1,952,138	1,519,324	1,395,358		
Net Fund Balances	922,674	569,491	1,094,465	1,633,070	2,826,075	

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
BANK CHARGES AND MERCHANT FEE	\$ 31,471	\$ 30,567	\$ 904	\$
PROFESSIONAL AND LEGAL FEES	46,524	9,015	37,509	
IN-KIND SERVICES	24,481		24,481	
CLAY SHOOT	918			918
TOTAL	\$ 103,394	\$ 39,582	\$ 62,894	\$ 918

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
VENDOR SALES PROCEEDS	\$ 16,101	\$ 16,101	\$	\$
TECHNOLOGY	9,705	2,357	7,348	327
MISC	327			
TOTAL	\$ 26,133	\$ 18,458	\$ 7,348	\$ 327

Schedule A, Part III, Line 1(e)

Description	Amount
IN-KIND FOOD PANTRY CONTRIBUTIONS	\$ 43,362
GRANTS	1,813,229
IN-KIND VEHICLE	212,404
CLAY SHOOT	6,000
CASH CONTRIBUTION	63,142
TOTAL	\$ 2,138,137

Schedule A, Part III, Line 2(e)

Description	Amount
BC SALES	\$ 286,692
EARLY LEARNING CENTER	1,090,336
CHARIS HOUSE PARTICIP. FEES	1,212
TAX-EXEMPT INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	12,801
MISCELLANEOUS INCOME	18,985
CLAY SHOOT	45,462
TOTAL	<u>\$ 1,455,488</u>

CLAY SHOOT**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
OTHER	\$
SUPPLIES	<u>8,365</u>
TOTAL	<u>\$ 8,365</u>

MINISTRY VILLAGE AT OLIVE, INC

AUDITED FINANCIAL STATEMENTS

FOR THE YEAR ENDED MARCH 31, 2022

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Pace, Florida 32571
Phone: (850) 995-5000
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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
August 8, 2022

Ministry Village at Olive, Inc.
Statement of Financial Position
As of March 31, 2022

ASSETS

Current Assets

Cash	\$ 247,831
Accounts receivable	16,638
Prepaid expenses	<u>5,500</u>
Total current assets	269,969

Non-Current Assets

Property and equipment	
(Net of accumulated depreciation and amortization of \$786,382)	<u>2,343,820</u>
Total non-current assets	<u>2,343,820</u>

Total Assets	<u><u>\$ 2,613,789</u></u>
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LIABILITIES AND NET ASSETS

Current Liabilities

Accounts payable	\$ 9,802
Accrued payroll	47,797
Deferred revenue	6,709
Current portion long-term debt	<u>57,888</u>
Total current liabilities	122,196

Long-Term Liabilities

Long-term debt, less current portion	<u>1,397,128</u>
--------------------------------------	------------------

Total Liabilities	1,519,324
--------------------------	------------------

Net Assets

Without donor restrictions	1,046,639
With donor restrictions	<u>47,826</u>
Total Net Assets	<u>1,094,465</u>

Total Liabilities and Net Assets	<u><u>\$ 2,613,789</u></u>
-----------------------------------------	-----------------------------------

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

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

	Without Donor Restrictions	With Donor Restrictions	Total
Revenue and Support			
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	-	63,015
Other income	8,978	-	8,978
Net assets released from restrictions	290,664	(290,664)	-
Total revenue and support	2,250,598	(35,189)	2,215,409
Expenses			
Program services:			
Charis House	304,748	-	304,748
Tender Hearts Caring Hands	207,377	-	207,377
Social enterprises	1,274,054	-	1,274,054
Other programs	51,700	-	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	-	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

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

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

	Charis House	Tender Hearts Caring Hands	Social Enterprises	Other Programs	Total Program Services	General and Administrative	Fundraising	Supporting Services	Total
	\$	\$	\$	\$	\$	\$	\$	\$	\$
Advertising	-	-	1,083	-	1,083	24,673	1,081	25,754	26,837
Bank charges and merchant fees	90	6	21,529	4	21,629	618	568	1,186	22,815
Contributions to others	-	150	-	-	150	-	-	-	150
Depreciation and amortization	22,486	-	93,509	-	115,995	23,356	-	23,356	139,351
Donated services and space	-	-	-	-	-	97,394	-	97,394	97,394
Food	14,022	75,063	-	11	89,096	468	-	468	89,564
Insurance	-	-	9,139	-	9,139	31,225	-	31,225	40,364
Interest expense	-	-	58,513	-	58,513	-	-	-	58,513
Miscellaneous	1,169	1,372	6,872	725	10,138	2,596	-	2,596	12,734
Occupancy and rentals	-	-	73,338	-	73,338	-	-	-	73,338
Professional and legal fees	75	-	-	-	75	14,000	-	14,000	14,075
Repairs and maintenance	3,215	-	1,279	-	4,494	4,828	-	4,828	9,322
Salaries and benefits	223,427	72,945	885,707	47,466	1,229,545	39,349	-	39,349	1,268,894
Supplies and printing	11,839	2,997	38,144	1,215	54,195	4,905	98	5,003	59,198
Specific assistance to individuals	86	48,472	-	-	48,558	-	-	-	48,558
Technology	289	381	3,616	27	4,313	7,318	-	7,318	11,631
Travel	5,019	1,393	4,840	766	12,018	29,288	-	29,288	41,306
Unbudgeted building repairs	-	-	-	-	-	499	-	499	499
Utilities	23,031	4,598	37,973	1,486	67,088	11,452	-	11,452	78,540
Vendor sales proceeds	-	-	38,512	-	38,512	-	-	-	38,512
Total	\$ 304,748	\$ 207,377	\$ 1,274,054	\$ 51,700	\$ 1,837,879	\$ 291,969	\$ 1,747	\$ 293,716	\$ 2,131,595

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

Ministry Village at Olive, Inc.
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	<u>246,723</u>
Cash Flows From Investing Activities	
Purchase of property and equipment	<u>(132,764)</u>
Net cash from investing activities	<u>(132,764)</u>
Cash Flows From Financing Activities	
Principal payments on debt	<u>(100,190)</u>
Net Change in Cash	13,769
Cash - Beginning of Year	<u>234,062</u>
Cash - End of Year	<u><u>\$ 247,831</u></u>
Supplemental Disclosures:	
Interest paid	\$ 58,513

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

Ministry Village at Olive, Inc.
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:

Net assets without donor restrictions – 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.

Ministry Village at Olive, Inc.
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.

Ministry Village at Olive, Inc.
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.

Ministry Village at Olive, Inc.
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:

Land	\$ 259,100
Buildings	2,488,019
Vehicles	70,081
Furniture, fixtures and equipment	311,152
Leasehold improvements	1,850
	<u>3,130,202</u>
Less accumulated depreciation and amortization	(786,382)
	<u><u>\$ 2,343,820</u></u>

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	<u><u>\$ 1,397,128</u></u>

Annual maturities of the note payable are as follows:

For the year ended March 31,	
2023	\$ 57,888
2024	60,040
2025	62,575
2026	65,062
2027	67,647
Thereafter	1,141,804
Total	<u><u>\$ 1,455,016</u></u>