990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

<u>A</u>	For th	he 2	020 calendar y	ear, or tax year	beginning		, 2020,	and endin	ng		, 20			
В	Check	if app	olicable:	C Name of organiz	ationVOICES OF HOPE	FOR APHASIA	INC			D Emplo	yer identification nun	nber		
X	Addres	s cha	ange	Doing business	as					45-3554825				
	Name o	chanc	ge .	Number and stre	eet (or P.O. box if mail is not deliv	ered to street address)		Room/suite	9	E Teleph	one number			
	Initial re		•		WINDS DR N	,		F	3 102		(727)249-19	953		
二			terminated		te or province, country, and ZIP o	r foreign postal code				G Gross				
一	Amend				RSBURG, FL 33710	· .				\$	•	5,875		
二			pending		ess of principal officer: KEN B				H(a) le this a d		or subordinates? Yes			
ш	тррпоц	illoii p	ochanig	SAME AS C		ADO			H(b) Are all s		=	=		
_	Tax-exe	amnt	status: X 501			4947(a)(1) or	527				t. See instructions			
' —	Websit			OHAPHASIA.C			327		H(c) Group e		-			
_			anization: X Corp		Association Other	•	L Year of format	•		•	al domicile: FL			
	art I		Summary	poration riust			L real or format	uon. 201 .	<u> </u>	tate or lega	ardonnelle. FI			
	1			he organization's	s mission or most significa	ant activities.	PPORT FOR	DEODI.E	T.TVTNG	י שדידש	ADHACTA			
	'	_	oriony december	ano organización (o micelen er meet eigimiet	<u>50</u>	FFORT FOR	FEOFEE	TI VIIIC	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AFIRDIA			
Se		-												
Activities & Governance														
ver	2	-	Check this box	net accete										
ô	3			_	e governing body (Part VI,	•				3		8		
<u>«ک</u>	4		-		embers of the governing I					4		8		
ties	5			_	oyed in calendar year 202					H-1		<u>6</u>		
ťi	6			•						6		0		
Ä	7			•	from Part VIII, column (C					7a		0		
					ncome from Form 990-T, F					7b		0		
			tot amelatea ba	onicoo taxabic ii	idenie irenii i enii eee 1, 1	arti, iiilo II			Prior Year	1	Current Year			
	8	_	Contributions and	d arante (Part VI	II line 1h)			_		102				
ø		8 Contributions and grants (Part VIII, line 1h)9 Program service revenue (Part VIII, line 2g)								,103	25	<u>5,860</u>		
nue	10		_		umn (A), lines 3, 4, and 70			•	21	,430		0		
Revenue	11			•	(A), lines 5, 6d, 8c, 9c, 10			•		23		15 0		
Œ	12		•	_	174	EE6	25							
	13				gh 11 (must equal Part VII				1/4	,556		5,875		
	14		Grants and similar amounts paid (Part IX, column (A), lines 1-3)									0		
	15		· ·	,	nployee benefits (Part IX,	•	152		1.0	0 125				
es	10			•		•	153	,431						
Expenses	10			- ,	irt IX, column (A), line 11e	•						0		
ğ	.		-	,	IX, column (D), line 25) (A), lines 11a-11d, 11f-24		42,019	-						
Ш			•	` '	1	,		•		,369		5,347		
	18 19				(must equal Part IX, colur ct line 18 from line 12 .			•		,800		4,482		
_	-	, r	veveriue iess ex	perises. Subtra	comile to nontinue 12 .			· ·		,756		1,393		
s or	S 20	. т	otal assets (Par	t V ling 16)				Begini	ning of Curre		End of Year	4 010		
SSe	<u>re</u> 20 8 21		ัotal liabilities (P		•••••			•		,240		4,012		
Net Assets	교 21 교 22		`		otract line 21 from line 20			•		,156		1,535		
	art II	T,	Signature		btract line 21 honrille 20			•	121	,084	17	2,477		
		alties			this return, including accompanyi	ing schedules and stateme	nts. and to the best	of my knowle	edge and belie	f. it is				
					than officer) is based on all infor									
			MARY CA	TUPPTME DA	IICUTDV									
Sig	ın	Ш	Signature of c	ATHERINE DA officer	OGNIKI					I Date	e			
He		-K	·		HOUMDY MDEACHDE	D								
	. •	Ш		name and title	UGHTRY, TREASURE	K								
		1 1	Print/Type preparer		Preparer's signature		Date		Charl	<u> </u>	PTIN			
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	epare	er	Paul DeGar		rge Parkners		10-12-20		self-emp	noyeu	xxxxxxxx			
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<u> </u>	J J11	·· y							012 0)E4 7000				
May	the II	RS 6	L discuss this retu		oa FL 33606 arer shown above? (see ir	nstructions)				013-Z	254-7222 X Yes	No		
·viay	uic II	,,,,	1113 1514	with the prope	5. 5.10 1111 900 00: (366 11						47 163	₁∪		

Part IV

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Is the organization required to complete Schedule B, Schedule of Contributors See instructions? 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х 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 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 Revenue Procedure 98-19? If "Yes." complete Schedule C. Part III 5 Х 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D. Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 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 Х 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 Х 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 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 Х 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 11d x e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 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 12b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Х 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 Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 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 Х 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 х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Х X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Х

20) VOICES OF HOPE FOR APHASIA INC Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	256		
20	If "Yes," complete Schedule L, Part I	25b		Х
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		.,
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		X
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			Α
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	0.51-		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		Х
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) Х b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 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? Х 5b X 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 Х If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Х 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с х d 7е Х f Х If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? q 7g Х h 7h X 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b b 11 Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b h 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. Enter the amount of reserves the organization is required to maintain by the states in which b С Did the organization receive any payments for indoor tanning services during the tax year? х h If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16

Х

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

Part VI Go

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			x
Sec	tion A. Governing Body and Management			· <u>~</u>
-	tion 7 ti Governing Body and management		V	
4.	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		v
3	Did the organization delegate control over management duties customarily performed by or under the direct			X
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		v
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_ <u>X</u> _
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	-		X
1 a	one or more members of the governing body?	7a		77
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1 a		<u> </u>
b	stockholders, or persons other than the governing body?	7b		v
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	76		_ <u>X</u> _
o	the year by the following:			
•	The governing body?	8a	7.	
a 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	00	Х	
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		v
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	,		<u> </u>
000	tion B. Follows (This Section B requests information about policies not required by the miterial Nevenue Code.)		., 1	
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IUa		X
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
44.0	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? • • • • •			
11a		11a		X
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	120		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
42	describe in Schedule O how this was done Did the organization have a written whistleblower policy?	12c 13	<u>x</u>	
13	Did the organization have a written document retention and destruction policy?	14	X	
14		14	Х	
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?			
•	The organization's CEO, Executive Director, or top management official	15a	v	
a b	Other officers or key employees of the organization	15a 15b	Х	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		_ <u>X</u> _
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
108	with a taxable entity during the year?	16a		77
h		108		_ <u>x</u> _
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	เขม		
17 10	List the states with which a copy of this Form 990 is required to be filed Florida Section 6104 requires an expanization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990 T (Section 504(a))			
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.			
10				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
20	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
20	otate the hame, address, and telephone number of the person who possesses the organizations books and recolds			

MARY CATHERINE DAUGHTRY (727)249-1953, 372 BAY PLAZA, TREASURE ISLAND, FL 33706

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

See instructions for the order in which to list the persons at Check this box if neither the organization nor any relat		on con	npen	sate	d an	y curr	ent c	officer, director, or t	rustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	, unles	Pos eck m ss per	son is	nan one as both are Highest compensated employee		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DEBORA YONES EXECUTIVE DIRECTOR					x			65,835	0	0
(2) GARY PANARO MEMBER		х						0	0	0
(3) JEFFREY RENZULLI MEMBER		х						0	0	0
(4) JOHN VALAVANIS		х						0	0	0
(5) STEVE M BLUM MEMBER		х						0	0	0
(6) KEN BADO CHAIRMAN		х		х				0	0	0
(7) STEPHEN MILLER VICE CHAIR		х		х				0	0	0
(8) DESMOND WELCH SECRETARY		х		х				0	0	0
(9) MARY_CATHERINE DAUGHTRY TREASURER		х		х				0	0	0
(10)										
(11)										
(12)										
<u>(13)</u>										
<u>(14)</u>										

Form **990** (2020)

	90 (2020)		S OF HOPE FO									45-3554	825	P	age 8
Part	VII Section	A. Officers, D	Directors, Trustees	s, Key Emplo	yees,	and			t Com	pen	sated Employees	(continued)			
	Na	(A) ame and title		(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos eck m ss per	son i	han one s both a Highest compensated employee	n)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	coi f orga	(F) wated amount of other other of other o	on and
<u>(15)</u>															
<u>(16)</u>															
<u>(17)</u>															
<u>(18)</u>															
<u>(19)</u>									4						
(20)															
(21)															
(22)															
(23)															
(24)															
(25)															
1b	Subtotal					• •	• •			· >					
C			ts to Part VII, Sect			• •	• •			٠ •	4- 00-				
d 2			cluding but not limite	$\overline{}$							65,835 e than \$100,000 of	0			0
	reportable compe			•							- π.α φ. σσ,σσσ σ.			V	0
3	-	•	rmer officer, directo			-		-						Yes	No
4	For any individual	l listed on line	complete Schedule 1a, is the sum of re	eportable cor	npensa	ation	and	oth	er con	npen			3		X
	-		izations greater tha										4		х
5	Did any person lis	sted on line 1a	a receive or accrue	compensatio	n from	any	unre	elate	ed orga	aniza					
Cooti			ganization? If "Yes,"	" complete So	chedule	J fo	or su	ch p	erson				5		Х
1	on B. Indepen Complete this tab		e highest compensa	ated indepen	dent co	ontra	ctors	s tha	at rece	ived	more than \$100,00	00 of			
	compensation from	m the organiz	ation. Report comp	ensation for	the cal	enda	ar ye	ar e	nding	with		ization's tax year.			
		Na	(A) ame and business addres	SS							(B) Description of service	es	(C) Compens	ation	
											'				
	T. 1						11. 1		. ,	Ļ					
2			ontractors (including of compensation fro					ed a	pove)	wno					

Form 990 (2020) VOICES OF Part VIII Statement of Revenue

		Check if Schedule O contains a response or n	ote 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
	1a	Federated campaigns 1a					
Ωω	b	Membership dues 1b					
r au	С	Fundraising events 1c	100				
عَ قِ	d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions) . 1e					
3,6 118	f	All other contributions, gifts, grants,					
Si Si		and similar amounts not included above	255,760				
but	g	Noncash contributions included in	233,700				
Ēģ	"	lines 1a-1f 1g	\$				
a ငိ	h	Total. Add lines 1a-1f	•	255 060			
-	-"	Total. Add lines 1a-11		255,860			
	_		Business Code				
9	2a						
<u>e</u> <u>Z</u>	b						
Sen	С						
ar Sev	d						
Program Service Revenue	е						
₽.		All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest,	and				
		other similar amounts)	▶	15	15		
	4	Income from investment of tax-exempt bond proc	eeds · · · 🕨				
	5	Royalties	/▶				
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	l	Net rental income or (loss)					
		Gross amount from (i) Securities	(ii) Other				
	/ a	sales of assets	(3/ 2 3/ 2)				
		other than inventory 7a					
	h	Less: cost or other basis					
Φ	~	and sales expenses 7b					
ne E	_	Gain or (loss) 7c					
ě	I						
er Revenue	l	Gross income from fundraising	1				
Othe	oa						
0		events (not including \$ 100					
		of contributions reported on line					
	Ι.	1c). See Part IV, line 18					
	I	Less: direct expenses	· .				
			· · · · · · · •				
	9a	Gross income from gaming					
		activities, See Part IV, line 19 9a					
		Less: direct expenses 91)				
	С	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less					
		returns and allowances 10	а				
	b	Less: cost of goods sold 10	b				
	С	Net income or (loss) from sales of inventory					
			Business Code				
<u>s</u>	11a						
ng E	b						
ella ven	c						
Miscellanous Revenue	l	All other revenue					
Ξ		Total. Add lines 11a-11d					
		Total revenue. See instructions		255,875	15	0	0
				400,010	1 13		. 0

Form 990 (2020) VOICES OF HOPE FOR APHASIA INC 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		<u>.</u>	
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	157,115	101,474	21,002	34,639
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	12,020	7,763	1,607	2,650
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	2,517		2,517	
d	Lobbying				
е	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.)	3,850	425		3,425
12	Advertising and promotion	2,104		1,658	446
13	Office expenses	2,462	173	1,539	750
14	Information technology				
15	Royalties				
16	Occupancy	15,500	11,087	4,413	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,156		2,156	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	PROGRAM EXPENSES	822	822		
b	BOOKS, SUBSCRIPTIONS	3,962	417	3,436	109
С	BANK FEES	1,974		1,974	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	204,482	122,161	40,302	42,019
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2020) volume Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			[
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	124,240	1	166,012
	2	Savings and temporary cash investments		2	
	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	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
•	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 3,393			
	b	Less: accumulated depreciation 10b 3,393		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	8,000
	16	Total assets. Add lines 1 through 15 (must equal line 33)	124 240	16	174,012
	17	Accounts payable and accrued expenses	124,240	17	
	18	Grants payable	3,156	18	1,535
	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,		21	
Liabilities	22				
≣		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Lia		, , , , ,		22	
	23			23 24	
	24	1		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		2.156	25 26	1 505
	26	Total liabilities. Add lines 17 through 25	3,156	20	1,535
"		,			
ĕ		and complete lines 27, 28, 32, and 33. Net assets without donor restrictions		0.7	
lan	27		91,916	27	127,987
Ã	28	Net assets with donor restrictions	29,168	28	44,490
μ		Organizations that do not follow FASB ASC 958, check here			
Ę.		and complete lines 29 through 33.			
s o	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	121,084	32	172,477
	33	Total liabilities and net assets/fund balances	124,240	33	174,012

EEA

Form **990** (2020)

Form 99	U (3U3U)

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VOLCES	() H	HOPE	FOR	APHASIA	LNC

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Form	990 (2020) VOICES OF HOPE FOR APHASIA INC	5-355482	5	Pa	age 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u>. 🗌</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		255,	875
2	Total expenses (must equal Part IX, column (A), line 25)	2		204,	482
3	Revenue less expenses. Subtract line 2 from line 1	3		51,	393
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		121,	084
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		172,	477
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. 🔲</u>
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	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?		2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2	2020)

SCHEDULE A (Form 990 or 990-EZ)

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.

nation.

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

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

VOICES OF HOPE FOR APHASIA INC 45-3554825 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). П 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

990 or 990-EZ) 2020 VOICES OF HOPE FOR APHASIA INC 45-3554825

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

	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	150,285	90,732	118,074	147,103	255,860	762,054
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	150,285	90,732	118,074	147,103	255,860	762,054
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)						46,119
	Public support. Subtract line 5 from line 4						715,935
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	150,285	90,732	118,074	147,103	255,860	762,054
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from			/			
	similar sources	295	154	117	23	15	604
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.)						
	Total support. Add lines 7 through 10						762,658
	Gross receipts from related activities, etc. (se					12	
13	First five years. If the Form 990 is for the org						
	organization, check this box and stop here						
	ction C. Computation of Public Support						
	Public support percentage for 2020 (line 6, c					14	93.87 %
	Public support percentage from 2019 Schedu					15	97.56 %
16a	33 1/3% support test - 2020. If the organization						
	box and stop here . The organization qualifie						
t	33 1/3% support test - 2019. If the organiza						
	this box and stop here. The organization qua						
17a	10%-facts-and-circumstances test - 2020.	•					
	10% or more, and if the organization meets t				•	·	
	Part VI how the organization meets the facts			-			
	organization						
k	10%-facts-and-circumstances test - 2019.	•					
	15 is 10% or more, and if the organization me						
	in Part VI how the organization meets the fac			•	•		_
	organization						▶ ∐
18	Private foundation. If the organization did n						. —
	instructions						▶

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.)

	ii tile organization falls to quality	y dilder the te	oto noted ben	ow, picase oc	implete i arti	··· <i>)</i>	
	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000		4				
	or 1% of the amount on line 13 for the year						
-	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in 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.)	L	L				
14	First 5 years. If the Form 990 is for the organ						_
	organization, check this box and stop here			<u> </u>	<u> </u>		<u></u> ▶ <u></u>
	ction C. Computation of Public Suppo					1 1	
	Public support percentage for 2020 (line 8, c	` ,	•	. , ,		15	%
	Public support percentage from 2019 Sched					16	%
	ction D. Computation of Investment In				(f))	1 4-1	
	Investment income percentage for 2020 (line		•		. ,,	17	<u>%</u>
	Investment income percentage from 2019 Sc					18	%
19a	33 1/3% support tests - 2020. If the organiz						
_	17 is not more than 33 1/3%, check this box	-					
b	33 1/3% support tests - 2019. If the organiz						_
	line 18 is not more than 33 1/3%, check this	-	_	-			=
20	Private foundation If the organization did n	ot check a hox	on line 14 10:	a or 19h chec	k this hov and	see instructions	. ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 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 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
Sa		
3b		
30		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
_		
6		
7		
8		
8		
9a		
Ja		
9b		
35		
9с		
10a		
10b		
Δ (Form 990 a	000 5	7) 2020

Par	t IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one 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	4		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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,			
Saat	supervised, or controlled the supporting organization.	2		
Seci	ion C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations	<u> </u>		
	урстойну баруатын бар		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructio	ons).	
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 government entity (s	see ins		
	Activities Test. Answer lines 2a and 2b below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	_u		
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sched	ule A (Form 990 or 990-EZ) 2020 VOICES OF HOPE FOR APHASIA INC		45-3554	825	Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniz	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying true	ust c	on Nov. 20, 1970 <i>(explain i</i>	n Part VI).	See
	instructions. All other Type III non-functionally integrated supporting organiza	tion	s must complete Sections	A through I	E.
900	tion A - Adjusted Net Income		(A) Prior Year	(B) Curr	rent Year
360	tion A - Adjusted Net Income		(A) Filol feat	(opt	ional)
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			
900	tion B - Minimum Asset Amount		(A) Prior Year	(B) Curr	rent Year
	tion B - Minimum Asset Amount		(A) Filol Teal	(opt	ional)
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	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			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
	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			
Sec	tion C - Distributable Amount			Curre	nt 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			

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

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

emergency temporary reduction (see instructions).

EEA

Par	t V Type III Non-Functionally Integrated 509(a)(3				4825 Fage <i>I</i>
Section D - Distributions Current Year					
1	Amounts paid to supported organizations to accomplish exem	1			
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ons	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	organization is respons	ive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	ection E - Distribution Allocations (see instructions) (i) Excess Distributions Pre-2020		าร	(iii) Distributable Amount for 2020	
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Carryover from 2015 not applied (see instructions)				
ī	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7:				
a	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
_					

d Excess from 2019

e Excess from 2020

. . . .

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
rail VI	
	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,
	Sa, and So, rate v, mile i, rate v, deciding, mile id, rate v, deciding, miles o, and o, and rate v, deciding,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	<u> </u>